The School for Health and Care Radicals:
What impact has it had?

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Summary

The School for Health and Care Radicals (SHCR) is a massive open online course (MOOC) first run in 2014, with its second iteration in 2015. Centred on five weekly online modules, the SHCR brings social learning to the emerging direction of organisational transformation. Its overriding purpose is to develop effective change agents, ultimately contributing to fast, large-scale, sustainable improvement in health and social care, leading to better patient outcomes.

This report presents findings from a review of the school conducted by the research arm of the CIPD for NHS Improving Quality (NHS IQ) from November 2014 to September 2015.

How we conducted the review

The review comprised two phases. Firstly, we conducted background research with participants from the 2014 school and the NHS IQ team involved in designing and running the school. This gave us an understanding of the intention, working and potential value of the school, from which we developed an impact model.

Secondly, we assessed the impact of the 2015 school. This was done through a before and after survey, a Facebook forum run during the school, and in-depth case study interviews with 15 participants.

We used the statistical technique of factor analysis to analyse the wave 1 survey data. From this we revised the impact model, identifying five core aspects of being an effective change agent in which the school would potentially help people develop. These were:

- Knowledge about organisational change
- Sense of purpose and motivation to improve practice
- Rocking the boat: acting radically
- Staying in the boat
- Connecting with others to build support for change.

We also included three other factors that had been developed previously by the NHS IQ to assess people's social, psychological and spiritual energy for change. Through the two waves of the survey, we measured changes in all these factors in 113 SHCR participants from just before the school to six months later.

The qualitative research allowed us to gain a more in-depth view of how people developed, from taking part in the school and what the benefit was for them, their work and their roles as agents of change in their organisational settings (see Appendix 3 for more information on methodology).

The main findings are summarised below.

Understanding of organisational change

According to our survey, the area in which participants developed most in their effectiveness as change agents was knowledge and understanding of organisational change. This included being able to blend 'old' (for example, hierarchical and top-down) and 'new' (for example, based on connection, shared purpose and grass roots drive) models of change. In our qualitative research, we found that participants valued both the insight that they got from the school – for example, talking about 'lightbulb moments' – and the pool of resources that they thought would be useful to reference in the future.

Strength of purpose and motivation

We measured a small but statistically significant increase in participants' strength of purpose and motivation to improve practice. Part of the reason for the small increase is likely to be that ratings were already very high for this before the school, with an average score of 6.2 out of 7.0.

Our qualitative research found that receiving emotional support for and validation of changes and improvements they were trying to make was a hugely important benefit for some participants, making a major difference in their perseverance and resilience. Comments also included that participants had greater shared purpose with colleagues.

Rocking the boat: acting radically

The survey showed a moderate increase in participants' ability to 'rock the boat' by initiating change and 'acting radically'. This includes being willing to challenge the status quo and assuming permission to act.

Comments from participants confirmed this shift, for example talking about feeling more empowered as a result of taking part in the school. Key factors that helped included learning to set realistic goals and feeling part of a community of 'health and care radicals' which was similarly trying to shake things up and 'lead from the edge'.

Staying in the boat

The SHCR focuses not only on 'rocking the boat' but also the flipside to this, 'staying in the boat' – in other words, protecting relationships and keeping people onside whilst challenging them to change. The survey pointed to a small increase in how well participants were able to do this, suggesting that the school is less good at supporting people to mitigate potential fallout than it is at inspiring them to act and challenge in the first place.

Key to maintaining relationships was developing self-awareness and empathy, for example, by being more open to other people's points of view. Comments from participants highlighted the usefulness of insights from the school on reasons for resistance to change.

Connecting with others to build support for change

The survey pointed to a moderate increase in participants' ability to network and make connections with others in order to build momentum for change. This included being able to inspire and motivate others, for example using skills in storytelling and framing messages so that they land well.

Comments from interviewees suggested they had developed a greater sense of the value of relationships across the board, including with people they would not previously have sought to connect with. Regularly communicating, sharing knowledge and involving others were particular habits that participants had cultivated to achieve this.

Energy for change

The survey showed statistically significant shifts in all three areas of energy for change we asked about. The greatest change was in psychological energy (for example, feeling safe to initiate change) followed by spiritual energy (for example, making the connection between organisational change and one's own sense of purpose). The smallest change was in social energy (for example, a sense of solidarity with colleagues).

The healthcare community

Whilst many of the above aspects of being an effective change agent concern how people relate to the wider health and care community, we also gathered insights specifically on this area.

The case study interviews highlighted that prior to the SHCR, participants felt more isolated, and that the social connections they made thought the school helped them feel better supported and more resilient. Equally, interviewees discussed how, having made connections through the school, they supported other people to lead change. In both cases, the support could be with colleagues in the same organisation, across UK organisations or even across the world. Several interviewees felt that the school created value in fostering an international community of health and care professionals and volunteers committed to making change.

Organisational impact

Measuring organisational impact was beyond the scope of this review and probably unrealistic given the wide-ranging nature of potential impacts that can flow from the SHCR. In broad terms, the survey confirmed that a few months after the school, there was no discernible organisational level impact. For example, we see no significant difference between the before and after measures in how resistant to change participants believe their organisations to be, and in how well they believe their organisations build employee commitment to its change programmes.

Despite this, interviewees could see how their learning was contributing to their organisations and services. The survey also found a small increase in how positively participants respond to change (i.e. doing so in a way which increases organisation performance).

Conclusions

We conclude the report by drawing together insights on where the strengths of the SHCR lie and what it should focus on next. It is clear that for some participants at least, the school has helped them grapple with challenges that they previously felt were intractable. The review also highlighted how personally difficult leading change can be for the individuals involved and the school represents significant value in providing the opportunity to develop a network of encouragement and support.

The greatest strengths of the school lie in its content, which enables participants to develop their understanding of change; and in helping people to challenge or 'rock the boat' and connect with others to build support for change. It is weaker in helping people maintain relationships to 'stay in the boat' while challenging. At a more anecdotal level, some participants struggled with the social media element of the school, so future iterations may do well to provide more guidance and support on this.

There are points for improvement for the School for Heath and Care Radicals, but the review shows that it is a relevant and powerful intervention. It is very much of its time and, we believe, constitutes a genuine asset for the NHS.

Aim of this report

This report presents findings from a research project carried out on the School for Health and Care Radicals (SHCR) from 2014 to 2015. NHS Improving Quality (NHS IQ) commissioned the research arm of the CIPD to evaluate the impact of the school on participants' effectiveness as change agents.

The notion of evaluating the effectiveness of practices needs no introduction to anyone familiar with healthcare. New drugs and techniques are put through rigorous trials as standard. But there are particular challenges in evaluating learning and development initiatives, especially 'social learning' such as the SHCR. For example, as with other massive open online courses, or MOOCs, people taking part in the SHCR can choose their own learning objectives and decide how, and how much, they want to get involved. This means that, while the school focuses on specific behaviours and abilities, 'success' is relative to the person taking part.

We were clear from the outset that we needed a review of the school that was more than just a straightforward evaluation. As such, this report brings together findings from a before and after survey of participants, along with insights from social media activity during the 2015 school and in-depth interviews with 15 participants a few months after the school. It presents evidence on the impacts of the school (its areas of relative weakness as well as strengths) and this is complemented by stories of what the school meant to individuals and how it helped them in their work, what they liked (or didn't) about the school and what direction the school (and other initiatives like it) should take in the future.

Ultimately, as well as assessing the impact of a social learning initiative, this report aims to shed light on how people are learning to become better change agents in their healthcare settings. To find out more about trends in organisational change, see the NHS IQ white paper, *The New Era of Thinking and Practice in Change and Transformation*.

Introducing the School for Health and Care Radicals

What's the thinking behind the SHCR and how did it develop?

For the last 15 years, various groups and leaders in the NHS have been looking at how to develop a change movement in an organisation of a million people. They focused not only on service quality improvement and change management, but also on motivating staff for change.

A key realisation in this work has been that as well as top–down leadership, informal and bottom–up change are also crucial elements of large-scale, rapid and sustainable change. In the NHS IQ white paper (Bevan and Fairman 2014) this is articulated as the 'emerging direction' of transformation efforts in the NHS, in contrast to the 'dominant approach'.

The dominant approach to organisational change is characterised by power through hierarchy, mission and vision, rational argument, top–down innovation, tried and tested approaches, and transactions.

The emerging direction, on the other hand, is characterised by power through connection, shared purpose, emotional connection, grass-roots creativity, open and co-created approaches, and relationships. It has been described as 'new power' (Heimans and Timms 2014) and relates closely to notions of distributed leadership (Bolden 2008) and participation in movements (Bate et al 2004).

There is a strong connection between the SHCR and social movements theory. Firstly, there is the principle of injecting new and different ideas, thinking and language on organisational change. This is embodied in the idea that change is led from the edge. As Helen Bevan of NHS IQ has put it:

> '[There is] a global trend for creative processes (including organisational development and change management) to move to the edges of organisations. Futurists predict that in the near future, the edges will be where almost all high-value work will be done in organisations.' (Bevan 2014a)

Secondly, and equally importantly, there is the understanding that sustainable improvements require support from colleagues at all levels so that they can effectively spread; and that a culture of change-readiness needs to be fostered within and across organisations:

> '[W]e cannot be a change activist or rebel on our own. Success is about our ability to call others to action and move forward … with shared purpose to achieve the outcomes we seek.' (Bevan 2014b)

The first School for Organisational Radicals was a one-day face-to-face training programme run in 2004. The following year, a social movement called the Power of One, The Power of Many was established (Bibby et al 2009). This applied more practical ideas to help people build capability, blending a social movement approach with a more traditional quality improvement approach.

The current SHCR, first run as a massive open online course (MOOC) in 2014, is the evolution of this activity, bringing social learning to the emerging direction of organisational transformation. Its overriding purpose is to develop effective change agents, ultimately contributing to fast, large-scale, sustainable improvement in health and social care, leading to better patient outcomes. Change agents can contribute to service improvements:

- through their own leadership, by initiating, building support for and delivering change programmes

- by helping build a community of health and social care radicals
- by helping their organisations and wider health and social care systems become more change-ready.

Social learning and the SHCR

Imposed reforms and other top–down initiatives to change human behaviour often fail to meet their goals because the conditions required for them to succeed have not been in place. As argued by the Francis report into the failings at Mid Staffordshire Foundation Trust, '*whatever initiatives are started at the top, unless the clinical soil is fertile, the seeds will inevitably fall to stony ground at trust level'.*

The idea of social learning, which dates back to Albert Bandura's work in the 1970s, provides an alternative to traditional top–down training programmes. The SHCR is an innovative social learning initiative. For example, observing others or hearing about how they work is a powerful type of learning. You may have tacit knowledge that you take for granted, but making this explicit and sharing it with others can be of huge benefit.

In addition, we have mental codes and structures that can be changed when we are involved in rich discussions on emotional values and new concepts. An example of this can be seen in the distinction the SHCR makes between a 'rebel' and a 'troublemaker' to help individuals channel and productively use their energy.

The idea of situational learning developed by Lave and Wenger (1991) is useful here. Learning cannot be disentangled from the context in which it happens and is often the result of interactions between individuals belonging to the same community.

For these reasons, the social dimension to the SHCR is central to its design. The school is a long way from spoon-feeding information, or 'injection education' as it has been termed (Gifford 2014). It brings together taught theoretical and practical content with personal stories from individuals. It also facilitates networking and sharing of learning between people with common interests, regardless of what organisation they work for:

> *'I'd say the networks and social interaction are invaluable. They provide a safe space for us as a group to reflect on, help one another with, and work through the material that we heard presented on Friday. I would, therefore, say that, for me, the effectiveness of the two learning modes are indissociable and complementary.'*
>
> *'I think the conversation over the weekend has helped to embed the ideas, with all these great additional viewpoints layered on and offering a breadth of perspectives.'*
>
> (SHCR participants, Facebook forum)

It is wholly apt that the SHCR has adopted social learning as its method. This approach is a natural fit with the question of how to lead and support change in your organisation, which itself is a social process that needs bottom–up as well as top–down techniques.

To read more about social learning and its relation to the SHCR, see Appendix 1 to this report.

How does the SHCR work?

As is common with MOOCs (massive open online courses), participants in the SHCR are able to make use of the resources and get involved in activity as much or as little as they want. The features of MOOCs and their underpinning theoretical approach are discussed further in Appendix 1.

The flexible approach of the school encourages participation by enabling people to engage with the school in a way that is workable for them. Further, it enables them to tailor their use of the school to meet their needs as a developing change agent. It follows that the outcomes of the school should be assessed in line with what participants originally wanted to achieve. This has implications for how we conduct the 2015 school evaluation – specifically that we should consider the specific contexts in which people were applying their learning, which we primarily did through case study interviews.

Elements of the school include:

- a five-week virtual programme with weekly web seminars
- supporting learning materials
- volunteer coaches/mentors
- tweetchats and online discussions
- tailored support for teams joining the school as a group (new for 2015)
- hub activity and regional school days (new for 2015).

The modules covered the following themes:

- Module 1. Being a health and care radical: change starts with me
- Module 2. Building alliances: forming communities for change
- Module 3: Rolling with resistance
- Module 4: Making change happen
- Module 5: Beyond the edge: what now?

Alongside the learning modules – and in line with theories of change that they advocated – the SHCR was centred on connection with peers regardless of where they worked and building a community of change radicals. This was facilitated through a number of social media channels, creating opportunities for regular interaction for knowledge exchange and mutual support and encouragement.

The school is free of charge and open to anyone in the world.

Data from the NHS IQ shows a fairly high level of engagement in the school. Over 3,000 people registered for the 2015 school and the five modules received 1,743 log-ins. Towards the end of August 2015, the study guide had been viewed 2,516 times, SHCR YouTube videos viewed 4,981 times, the suite of Slideshare materials viewed a total of 21,629 times. For both the YouTube videos of the modules and for views of slides, figures were highest for Module 1 and declined for subsequent modules. Twitter activity was also encouraging, with 7,906 #SHCR tweets from 1,196 accounts. Approximately 230 participants became 'certified change agents' by submitting portfolios describing their learning.

Our second wave survey of SHCR participants (n=178) showed that the great majority downloaded materials (81.5%) and almost as many (79%) logged in to the live modules or listened to the recordings later. Just over half (52%) took part in the online chats during the modules, and a similar proportion (49%) made use of the network of learners, connecting with other participants via social media. Our method for the survey is described in the following section. (Open Face Book)

How we conducted the review

This evaluation of the SHCR looks beyond the experience of taking part to how, a number of months later, participation in the school has had an impact on individuals and their work. There were two broad phases to the work: firstly, to develop an impact model; and secondly, through a range of complementary methods, to assess the impact of the 2015 school.

Development of an impact model

This background research was conducted in November and December 2014. The initial methods included:

- a review of SHCR documentation and existing literature
- strategic interviews with course designers and key stakeholders on the thinking behind the school
- developing survey questions on key concepts behind the school in collaboration with key stakeholders
- cognitive testing of survey questions with participants from the 2014 school
- in-depth interviews on participants' experiences of the 2014 school and the benefits they saw
- content analysis of all interview data to build the framework.

The resultant model and detail on its development can be seen in Appendix 2. The model comprises several distinct levels. Firstly, it makes explicit our **assumptions** about the individuals taking part and the contexts in which they were operating and the range of **activities** participants could undertake (how the school is delivered). Following this, the main focus is on '**intermediate outcomes**' at the level of individuals who took part in the school. The next level shows how they group together into broader thematic **outcomes**. This clustering into themes is based on factor analysis of the intermediate outcomes as measured in the wave 1 survey (see Appendix 3). Finally, we show overall **goals**, which are not possible to measure with the limitations of the current review but which we have evidenced in specific case studies through more in-depth research.

Before and after survey

As the main purpose of this research was to evaluate the change in individual- and organisation-level outcomes as a result of taking part in the School of Health Care Radicals (SHCR), the evaluation relied on a 'before and after' design. This approach (also referred to as quasi-experimental design) is a common technique for understanding the effect of an intervention, such as taking part in a course (Rossi et al 2004). Gathering survey data before students started the school helped establish a baseline of their attitudes and behaviours, as well as their experiences of leading change in their organisation. The second wave of the survey was conducted six months later to allow individuals time to develop their behaviours and implement change in their organisations. The responses to this wave then gave us an understanding of the incremental change since the start of the school.

In total, 639 people who had signed up to the school took part in the wave 1 survey and 113 of these went on to complete the wave 2 survey (only the 113 who did both were used in the before and after comparisons). This gives us an achieved sample that is likely to contain unknown error, such as how

engaged the respondents were in the school, or how positively they generally viewed it. Nonetheless, at n=113 we have a sufficient number of respondents to make generalisable conclusions about how the 2015 school has impacted participants, even if these are not accurate measurements for everyone who signed up.

We also have a further 65 participants who responded only to the wave 2 survey. These are not included in the before and after impact measurements, but are included in broader questions about the value of the school and their engagement with it (n=178).

Appendix 3 details the method and results of the survey.

Real-time Facebook forum

A Facebook group was set up by the NHS IQ to support participants' engagement with the school and to facilitate shared learning. By April 2015 the group had 426 members. While the 2015 school was taking place, the research team used this forum to obtain participants' real-time reflections on the content of the modules and their resulting learning. This involved two of the researchers joining the Facebook group, posting questions and encouraging conversation. Following the school, we conducted thematic analysis of the comments and conducted statistical analysis of the members and the interactions that took place. Details of this can be seen in Appendix 4.

In-depth interviews

The research team conducted in-depth interviews with participants in the SHCR to shed light on the process of becoming a more effective change agent and on what change agents do differently that distinguishes them, as well as gain further insights into the impacts of the school on participants' work, their organisations and the wider healthcare community.

The interviews were conducted in April and May 2015. Once informed consent had been obtained, the interviews were conducted and digitally recorded. The critical incident technique was used in the interviews to drill down into participants' stories of how they have developed as a consequence of being part of the school. The interview recordings were transcribed using a confidential service and the transcriptions thematically analysed by the research team using the qualitative data analysis software NVIVO. Summary case studies were produced and shared with the respective interviewees for their amendments and approval. One interviewee declined for their case study to be published for reasons of organisational sensitivity. The full case studies can be seen in Appendix 5.

Note on research methods

These methods complement each other by providing different types of data that, by the principle of triangulation, help us build a more complete picture of the impact of the SHCR. Thus, the before and after survey gives us our most rigorous assessment of the school's impact across the board; yet while this focuses at the level of individuals' capability as change agents, the in-depth case studies go further to investigate the types of impact the school can have at the level of how organisations function and the quality of healthcare services.

The evaluation survey emphasises the impact on individuals as change agents because this is the easiest level at which to obtain convincing evidence. By contrast, assessment of organisational impact of learning is complicated. Firstly, because the SHCR focuses on helping people lead change, the potential organisational outcomes are hugely diverse. Secondly, it is very difficult to attribute any change in the organisation outcomes to the experiences of participants in the school.

Nonetheless, it is worth noting two key limitations of the survey method. Firstly, the self-reported impact described by respondents is not verified by more objective or longer term measures, such as

the views of third parties or the independent assessment of impacts on the organisation or service provision. Secondly, the level of non-response to the survey is high, meaning that the results are not representative of everyone who subscribed to the school; rather, they show the impact for a sub-group of SHCR participants who are likely to be more engaged than average.

In the following sections, we draw on the range of data sources to look at how the school impacted on participants as change agents, on their organisations and on the wider healthcare community.

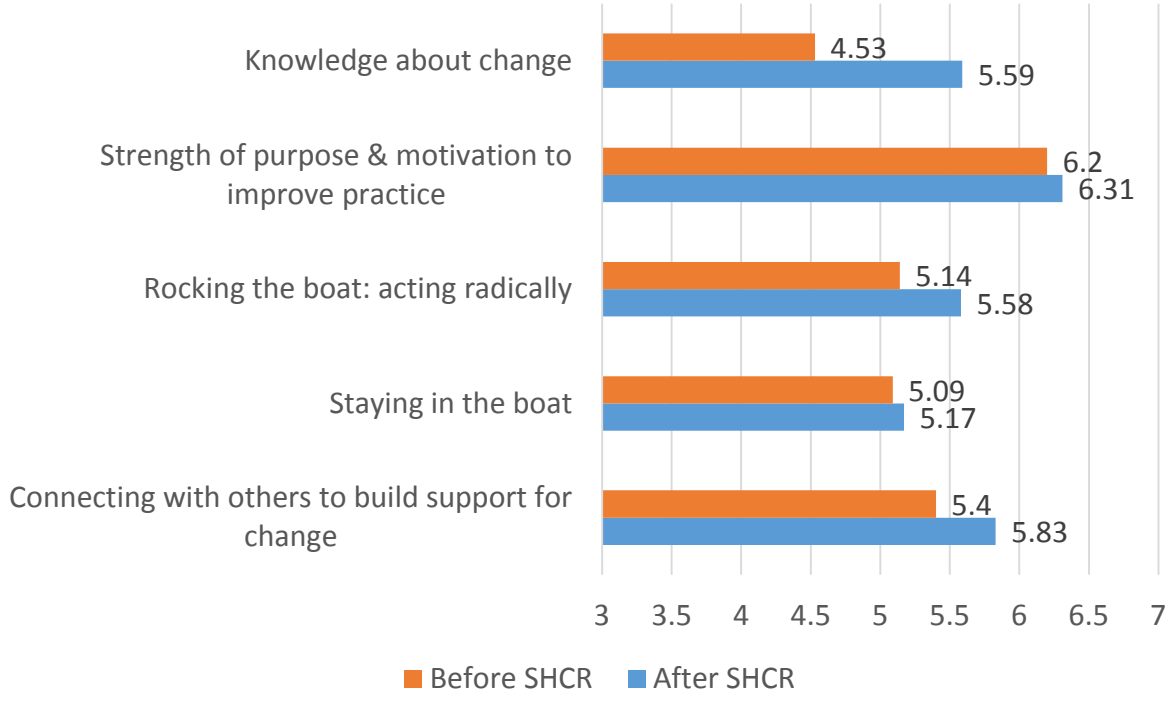
Me as a change radical

Based on background research into the design of the school and the experience of participants in 2014, we created a **survey** covering a number of aspects of what it means to be a change agent or 'radical'. We surveyed people who had signed up immediately before the 2015 school and then six months later to see how participants' assessment of themselves had shifted after the school (n=113).

Comparing the results of those who completed the before and after surveys, we can see clear shifts in how well they feel they can lead change. At a generic level, nearly 85% agreed with the statement 'I am an effective change agent' in the wave 2 survey, compared with just over 62% before the start of the school.

More specifically, we analysed responses to our 25 survey questions, plus questions adapted from the existing NHS IQ questions on 'energy for change', to identify **five core factors** of being an effective change agent. Figure 1 presents the shifts in these factors (see Appendix 3 for further detail of the analysis).

Figure 1: Shifts in factors of being an effective change agent (mean scores; scale from 1 to 7; n=113)



Knowledge and understanding of organisational change

The school aimed to develop participants' knowledge on change theories and also their ability to blend 'new' and 'old' models of organisational change. We heard different views on this from our interviewees, but while it wasn't always the main attraction of the programme, it was felt to be useful:

> *'The theories of change … all that came out off the back of it. So although it wasn't an intended reason why I signed up, that is what I learned from the course as I went.'* (Case study interviewee n.5)

> *'It was almost like supermarket sweep running around picking up all these tools. Salting them away and thinking, "Ah, I'm going to need that one day. I don't need it today but I'm definitely going to need it." You know, so I've got it as a library of things that I can reference back […] incredibly useful.'* (Case study interviewee n.11)

Looking more widely at the survey results, it is clear that participants' knowledge about change is the greatest area of improvement, the average score rising from 4.53 to 5.59 (out of 7). Indeed, more than eight out of ten (82.6%) learners said that as a result of the school their knowledge about change increased to some or to a great extent:

> *'The programme has definitely expanded my learning and I have personally had a few "light bulb" moments while drawing on the presentations that have been included with the videos.'* (Survey respondent)

Strength of purpose and motivation

At a more profound level, the school aims to strengthen people's alignment to a shared purpose and mission and, especially among those who feel battle-weary and demotivated, to reconnect people with their personal sense of purpose. This was evident in the experience of some interviewees:

> *'I think there's more of an understanding of the shared purpose between me and the managers that I oversee. They understand that we're all in it together.'* (Case study interviewee n.12)

> *'We kind of found a common ground, a common interest, and then we started talking more. And now we know each other very well and we both think that we have a common, shared purpose.'* (Case study interviewee n.3)

> *'If we all work together and work out "What are our aims and how do we best achieve those?", we'll move together as a community.'* (Case study interviewee n.15)

Impressively, nearly nine out of ten students (88.2%) said they were more motivated to make improvements as a result of the school. This does not translate to a large shift in the factor measurements – from 6.20 (out of 7) before the school to 6.31 six months later – but this is not surprising, as it is harder to increase a measurement when it is so high to begin with.

Shared purpose and motivation relates closely to the **support and validation** people have through colleagues or a network of peers. Essentially, support networks work best when members share a purpose and goals, and the support received helps people stay motivated. We discuss this more below in the section *Me and the healthcare community*.

It also relates to **perseverance and resilience**, something that was particularly highlighted in our interviews. Numerous participants are grateful to the SHCR for helping them develop resilience and perseverance so they can keep moving towards their goal. Some participants have seen a stark turnaround, from being at a very low ebb to being able to see a way forward in their organisations:

> *'[The school] has really helped at a point where I was not in a good place. I probably would have left if I hadn't done something about it.'* (Case study interviewee n.15)

'What worked well was not being worried about people saying no and the resistance to change and kind of accepting that that would be the norm. That actually people will be negative in some ways, but it helps to know that in advance and not take it personally and not just give up with one no.' (Case study interviewee n.7)

'It's very easy to stop at the point of rejection. Some of the conversations in that explained why, and dealt with tactics about how to deal with it […] I'm not so scared of going for no; I've developed a very thick skin.' (Case study interviewee n.4)

View

Rocking the boat: acting radically

Acting radically is central to the thinking of the school. It includes notions such as assuming permission to act (rather than waiting for permission through a hierarchy) and being willing to question the status quo. Various interviewees noted a shift in themselves towards this proactive approach towards change as a result of taking part in the SHCR.

Some particularly remarked on being better able to challenge the status quo in constructive ways, including looking for solutions from other colleagues. For example:

'It was just a general team meeting and I just brought up the fact that I thought everyone was very unhappy and that we needed to change the way we were working. That then, as I say, opened this can of worms of how burnt out everybody felt and how completely bogged down with the amount of work we were trying to do.' (Case study interviewee n.7)

'I've acknowledged the fact that staff were not happy on the ward. We've got staff who were leaving and not necessarily for the right reasons. So, I've recently set up a two-week intensive incident reporting project.' (Case study interviewee n.2)

Looking more widely at the before and after survey, the average ability to 'rock the boat' (measured by items such as 'If I can see how to make a positive change, I will do it without waiting for permission' and 'I mobilise others to act on change') increased substantially from 5.14/7.00 to 5.58/7.00.

Overall, almost eight out of ten participants (77%) noted that their confidence talking about the need for change has improved to some or to a great extent and more than seven in ten (72.5%) said the same about their ability to challenge.

Underlying this more proactive approach to dealing with issues is a greater sense of self-efficacy or confidence. People need to understand that change can start from the bottom, but also need to feel empowered and confident in their abilities:

'There's been a huge empowerment […] this has given me the permission to actually say, "Yes go ahead and do it." […] That's the overwhelming thing that's come out of this for me.' (Case study interviewee n.13)

In our case study interviews, we found that participants learned that change starts with small-scale actions, developing confidence to set realistic and achievable goals. In part this has come from

increased knowledge about theories and models of change – for example, understanding resistance to change. It also came from a sense of belonging to a community of change radicals (see below), which helped them feel more positive towards their abilities and skills. They feel authorised to bring about change and understand how each individual, regardless of job title and position, can potentially influence the organisation:

> *'One of the realisation elements was that it's sometimes easy to forget the power that one has inherited in one's role, because you just think, "Oh, I'm just me."'* (Case study interviewee n.4)

> *'I am a radical. It doesn't matter at what level I work, if I have the right qualities and right intention I can make change happen.'* (Case study interviewee n.3)

> *'I will be able to put my hand up in a meeting and they will actually give me a chance to speak. So I do speak up in meetings now which I wouldn't have done a year ago, absolutely not.'* (Case study interviewee n.13)

> *'Look, we can make a difference, we can change the way we work.'* (Case study interviewee n.7)

Staying in the boat

The flipside to rocking the boat, and another central tenet of the SHCR, is that effective change agents will manage to 'stay in the boat'. At a fundamental level, this needs people to realise the value of relationships and nurture and protect them as they try to lead change.

This represented a revelation for most interviewees, who made a conscious effort to connect with more people as a result. Relationships were conceived in broader terms, encompassing those with colleagues, with people working in different departments or NHS branches and even those with other school participants, in some cases located in other countries.

Rocking the boat while staying in it was a common thread in our interviewees' stories. Instead of being troublemakers, trapping themselves in destructive conflicts, they typically learned to look for alternative ways to bring about change and approach failures. In most cases, they looked for support from other individuals, fostered their involvement and strove to understand different points of view:

> *'What I have realised is that I need to raise my head up a little bit within the organisation, make connections with other people in other teams and use them for support.'* (Case study interviewee n.7)

> *'You can't expect somebody to be really passionate about something that you just impose on them. That's stuck in my head. So I feel by making a connection and encouraging people to do the same, that I can get a better result.'* (Case study interviewee n.12)

> *'I think it's important to make time to build that relationship before trying to ask them to do different things.'* (Case study interviewee n.9)

A key facilitator of this approach is **empathy**, which the school helps develop by encouraging people to be more open to other people's viewpoints, and highlighting the existence of different values and motivations behind rejection and resistance to change. From this raised consciousness, interviewees

felt that they were developing better listening skills and were more willing to understand other people's perspectives.

> *'I would have maybe labelled them in my head as laggards or resistors to change but now I think of them, to try and understand their viewpoint and think maybe they just don't know as much about what we are doing.'* (Case study interviewee n.9)

> *'I think when it comes to change I listen or aim to listen better, which means that I will take into consideration everybody's perspective, the differences to understand why people may resist change.'* (Case study interviewee n. 1)

> *'I've tried to get the managers thinking, and help them understand what that means for the people involved.'* (Case study interviewee n.12)

Self-awareness also underpins the ability to stay in the boat. As a prerequisite for the development of interpersonal skills, it constitutes another cornerstone of the thinking behind the SHCR.

Relatively few of our interviewees explicitly called out increased self-awareness as a development point, but it is implicit in all their stories. To an extent, any individuals who register onto the school with a good understanding of its content are already self-aware, as they recognise the existence of certain challenges or weaknesses in their leadership. Moreover, most interviewees told us that they changed things such as their style of communication, demonstrating self-awareness:

> *'One of the things that I've picked up in myself is that the time pressure, the frustration and the anxiety really do impact on my ability to put across my ideas in a way that engages with people. I think I am far more aware of it now and I am far more aware of the negative impact that that has on the way I come across.'* (Case study interviewee n.15)

> *'They were two of the things that stood out for me because self-awareness is something I try to work on. I find it difficult but I do try to work on it. One of the things that I've learned from the school is that I tend to tell people a lot of things.'* (Case study interviewee n.12)

However, while the impact on such individuals is clear, the wider survey tells a slightly different story. Over eight in ten respondents said that the school improved their ability to maintain relationships and keep people on side. But overall, the average score for the 'staying in the boat' factor increased only slightly over the six months from 5.09 to 5.17 (out of 7).

It is possible that this small change in the score reflects an initial lack of self-awareness among the participants. Prior to the school they may have felt they were good at maintaining relationships, but reflecting on the modules may have opened their eyes to the challenges they actually faced. On the other hand, it may be while it was a significant area of development for some participants, these did not form the majority of the cohort. Unfortunately, this is an inherent limitation of a self-assessment survey of this type: respondents' understanding of the questions can shift due to the intervention that is being assessed.

Connecting with others to build support for change

As well as maintaining relationships to 'stay in the boat', we asked participants about different ways in which they connected with others in order to build support for specific change initiatives. This included their ability to inspire and motivate others, skills in storytelling and framing messages so that they land well, fostering involvement and support, and sharing knowledge.

The survey found a sizable increase in participants' ability to build support for change, from an average score of 5.40 (out of 7) before the start of the school to 5.83 after.

Various interviewees focused on **inspiring and motivating** their teams or other people they were trying to lead.

> *'I've got five managers that report to me. I'm trying to change the way that I inspire them to want to change, in their reviews. […] You don't get the same kind of emotional connection, and the same passion coming when you've imposed something on them.'* (Case study interviewee n.12)

> *'Whereas a year ago, I think I would have gone more for the metrics and push the methodology a little bit more, now I'm really trying to go for motivation of the team.'* (Case study interviewee n.6)

The technique of **storytelling**, a prominent aspect of the school, was something that particularly resonated with participants. Most interviewees mentioned it as a powerful tool for transformational change:

> *'One of the things that I've learned from the school is that I tend to tell people a lot of things. So instead of telling a story and engaging people on where we want to go as a service.'* (Case study interviewee n.12)

> *'It has taught me how to put my argument across to different groups.'* (Case study interviewee n.5)

However, while storytelling is a particularly useful technique, the broader point is being aware of one's communication style and other people's perspectives, and thinking about how to **frame messages**. In one instance, for example, an interviewee found it useful to let a colleague make up their own mind instead of telling them her view:

> *'I think I kept it very factual, so instead of saying, "This unit is too small," I would say, "That's a struggle to get the equipment that they need in and out of this area."'* (Case study interviewee n.15)

Fostering involvement of others is a key activity in successful change initiatives, and one that the interviewees stated was very much developed through the school participation. The importance of refocusing attention on 'weaker ties' or more challenging relationships emerged in the interviews:

> *'Connecting with people, not just those that you have things in common with or that you share a common goal with, but actually to seek out the people that you don't have an alliance with.'* (Case study interviewee n.13)

> *'So when I tried to initiate a bit of a change recently it was key to consider to find people who can join and support the case. So networking is definitely one thing I tried to improve.'* (Case study interviewee n.13)

Similarly, improved **knowledge-sharing** was an objective of some participants, who saw the value of improved communication in their teams.

For instance, one interviewee told us how her confidence to take part in a team's meetings increased through the SHCR. Following the school she started facilitating the group and encouraged people to discuss their plans with the team before implementing them. This changed their ways of working significantly, as sharing information used to follow the completion of projects.

Another participant came up with an innovative solution to strengthen information-sharing between professionals, in this case nurses, doctors, occupational therapists and police:

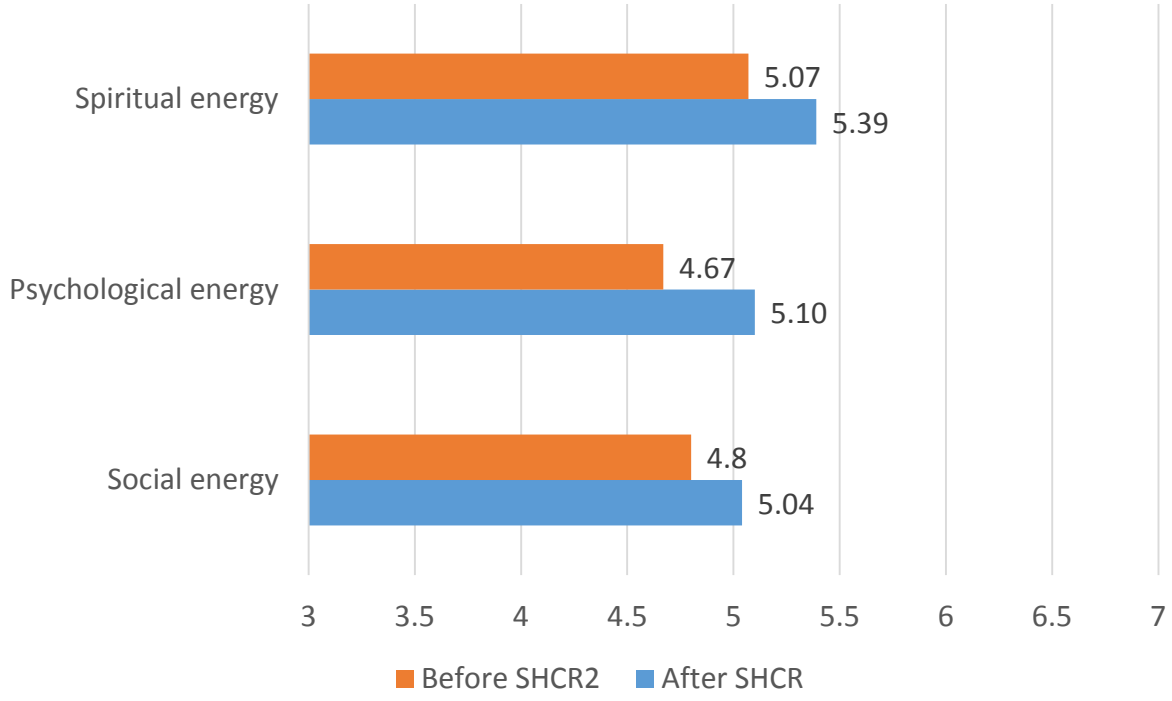
> *'We are having meetings every two weeks where we each have a plan of what we need to do for the next two weeks, what information we need to find out and feed back to the rest of the team.'* (Case study interviewee n.7)

Energy for change

Spiritual, social and psychological energy were measured in both waves of the survey. These items were based on the existing NHS IQ questions on 'energy for change', adapted to a seven-point scale in line with the other survey questions:

- The **spiritual energy** metric includes items such as 'I am driven by shared values' and 'Current change in my organisation does not fit with my sense of purpose'.
- The **psychological energy** metric includes the items 'I feel safe enough to do things differently', 'I sense openness about the potential to change' and 'I am able to keep expressing hope for change in my organisation when presented with setbacks'.
- The **social energy** metric includes the items 'I feel a sense of solidarity with those around me', 'I feel isolated from others' and 'I feel part of a group engaged in a change'.

Figure 2: Shifts in participants' energy for change (mean scores; scale from 1 to 7; n=113)



We find increases in all three factors, in particular in psychological energy.

These measures of energy overlap with some of the factors identified in the SHCR impact model. For example, the ability to 'rock the boat' or 'act radically' (see above), which was one of the areas of greatest impact, overlaps significantly with psychological energy.

Me and the healthcare community

The school does not solely aim to develop effective change agents who can help transform the NHS. It also aims to create a network of health and care radicals for sharing ideas and experience, as well as for providing emotional support and a sense of community for change leaders, who are likely to be dealing with resistance and isolation in the organisations they work in. The school delivers numerous opportunities to connect with other learners, for example, via online chats during the live sessions or on a range of social media platforms (Facebook, Twitter and others).

Support and validation through network of peers

Our interviews clearly highlighted support and encouragement as the major benefit of social media. This was especially the case for those who had been experiencing isolation:

> *'I sometimes felt a bit isolated, but I think being involved in the school, a number of people that I oversee were involved, I feel like I've got more allies now.'* (Case study interviewee n.12)

> *'The big piece for me was in my work I feel quite isolated. I was really looking for connections, support and to be kind of a part of a community.'* (Case study interviewee n.6)

Knowing there are others thinking along similar lines and facing similar struggles in their journey to change clearly provides a sense of belonging to a community. Sharing a common purpose can serve as a glue holding teams together and a pervasive driver for leading change:

> *'When I started the course I did think there was just me who felt differently, thought differently and that I was the abnormal one.'* (Case study interviewee n.5)

> *'I'm much more resilient now, […] after seeing that I'm not the only one in this world who is trying to do these things and faces the problems. I think every single change agent has the same life.'* (Case study interviewee n.3)

Three-quarters (75%; n=113) of survey respondents said that their sense of being supported by others increased. After the school, 83% agreed they received encouragement or support from like-minded people trying to lead change; an increase from 77% reported prior to the school.

As already discussed, we also looked at participants' levels of 'social energy' for change (see Figure 2). As a result of the school, the average social energy level has increased slightly from 4.80 to 5.04 (out of 7).

It is worth noting that the size of this shift varied depending on how involved in the school participants were. Learners who took part in the online chats during the modules experienced an increase in social energy from 4.74 to 5.14, compared with an increase of only 0.01 among those who didn't. While we have not controlled for other factors that may explain this relationship, this appears to confirm the importance of the social aspects of the school and, indeed, the wider relevance of

social learning as a process. Probably related to this, we find that participants who listened to the modules live tended to see a greater increase in their ability to connect with others to build support for change (see Appendix 3).

Encourage and support others

Support and encouragement is clearly a two-way street, and a number of interviewees made conscious efforts to increase how much they offered it to colleagues. What is interesting is that this emerged as a fairly radical action. In the context of a work culture where bureaucracy and excessive workload force individuals to focus on daily routines, connecting with others and supporting them can be a surprisingly innovative approach to change:

> *'I try to support and encourage the team by attending their meetings. They have meetings every month which a few years ago, nobody even dared walk through the door to but now I go to those regularly.'* (Case study interviewee n.13)

> *'For example, one of the nurses, he wasn't getting support from his ward manager and he kind of lacked confidence in some of the work so I tried to encourage him in what he was doing and listen to his concerns and suggest ways that he might get round that.'* (Case study interviewee n.9)

Supporting a global healthcare community

From the analysis of online conversations, specifically those taking place within the Facebook group, the healthcare community emerges as a global movement of individuals striving for patients' care and quality service.

The SHCR aspires to be a global movement, helping individuals cross boundaries between departments, organisations and countries. The school provided participants the infrastructure and opportunities to build international links with like-minded individuals working in a number of different countries.

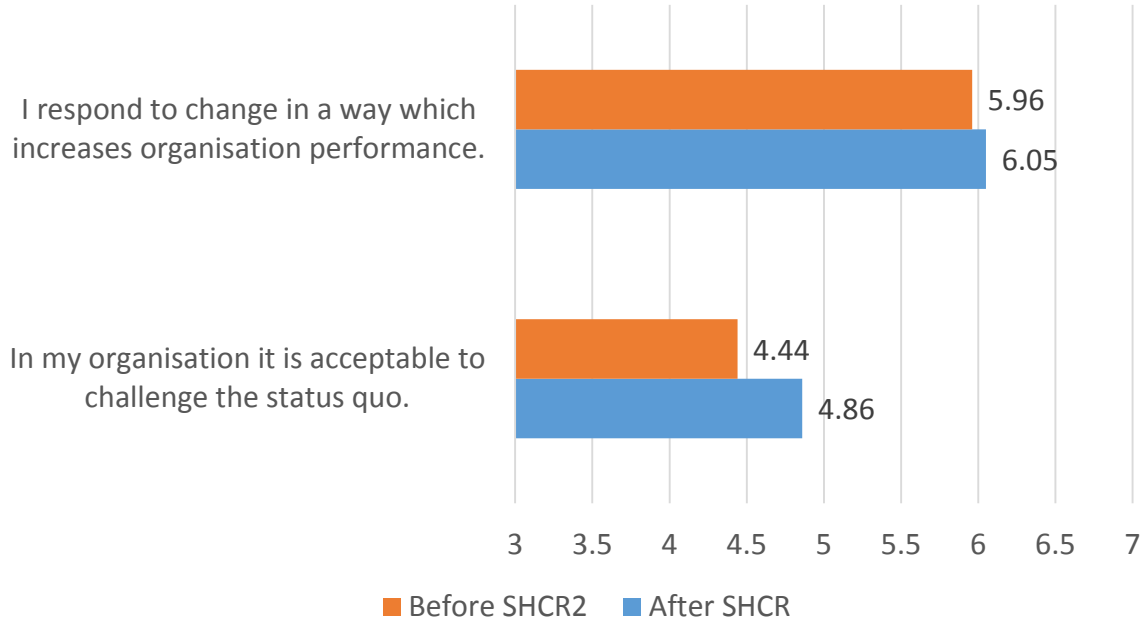
As previously explained, belonging to this community helped those who had been experiencing isolation. In addition, the global healthcare community served as a supportive and creative sounding board inspiring and encouraging individuals' actions. In the Facebook group, which counted hundreds of members and was an energetic healthcare community during the school, individuals exchanged views, offered support and shared ideas or information about projects they were involved in. The stories of Liz and Rebecca are helpful illustrations of the overseas impact of the school (see Appendix 5).

The healthcare community aspect of the SHCR was a supportive network of peers sharing a common purpose, and this sustained individuals' motivation and strengthened their ability to cope with any resistance they faced in organisational contexts. Cross-border alliances, which overcame differences related to roles, departments, organisations and even countries, reinforced the vision and mission of the community and also the potential benefits emerging from individuals' actions. School participants felt part of something bigger and this had a pervasive effect on their motivation and resilience.

Me and my organisation

The survey measured some outcomes relating to their organisations. As noted earlier, assessment of organisational impact is complicated, both because the nature of potential benefits from the SHCR are so varied and because it affects organisations indirectly by helping individuals develop capability as change agents. These factors make it very difficult to convincingly attribute cause and effect.

Figure 3: Shifts in organisational factors relating to change (mean scores; scale from 1 to 7; n=113)



There are some indicators that organisational factors relating to change have shifted. Firstly, the proportion of learners agreeing that they respond to change in a way which increases organisation performance grew from 93% before the school to nearly 98% after (n=113). Further, following the school, a larger proportion of participants believed that it was acceptable to challenge the status quo in their organisations (65% after the school compared with 56% before).

These items are both of limited robustness because they are self reported; but the latter is particularly questionable as a gauge of SHCR impact, because it may reflect a shift in attitude on the part of the respondents rather than a wider shift in culture in their organisations. However, what these findings may reflect is that the school helps learners see their role in a different light, gaining confidence in themselves and feeling supported by the community of peers. Over time, this may help participants to apply their change management skills to improve organisational outcomes.

The lack of more immediate organisational change as a result of the SHCR is confirmed in other areas. We see no significant difference between the before and after measures in how resistant to change participants believe their organisations to be, and in how well they believe their organisations build employee commitment to its change programmes.

Nonetheless, the case study interviews illustrated how the school has the potential to indirectly contribute towards either the achievement of organisational outcomes or the initiation of actions with the potential to positively affect the organisation in the long term. These reported impacts likely underestimate the potential of the school, as the interviews were conducted just a few months after

the school took place and some impacts will take some time to unfold. The main benefits described include:

- new ways of working, mainly characterised by information-sharing and collaborative working
- new clinical practices (for example, the use of C-reactive protein to exclude infections in newborn babies under antibiotics)
- renewed engagement with their work and colleagues and increased resilience, which might, in turn, result in improved productivity
- quality improvement movements: individuals engaged colleagues in movements striving for high-quality patient care
- proactive identification of barriers to service quality within their branch/team and consequent action plan – in one case study, Jane, a clinical audit facilitator, collected anonymous feedback from her colleagues on a daily basis for a few weeks in order to devise an action plan tackling barriers to service quality
- promotion of innovative practices such as patients' online access to health records; it is worth highlighting that, according to the literature, record access can improve care and safety[1]
- promotion of projects that, if fully implemented and followed up, will result in efficient quality care and reduce hospital re-admissions (for example, see the story of David, a volunteer public governor)
- school participants emerged as ambassadors of a new NHS organisational culture, which was promoted by the SHCR.

Participants described leading both top–down and bottom–up change actions as they came from a variety of background and organisational levels. The case studies summarised in Appendix 5 reflect this diversity, as they include a range of changes that were brought about by individuals covering strategic, clinical and operational roles.

Furthermore, the organisational impact of the school has been actively sought and enhanced by individuals setting up their own SHCR. Some participants used the wide range of materials made available freely by NHS IQ to run an internal school, with a view to fostering support and spreading innovative ideas among colleagues who did not participate in the live modules. Other individuals who took part in the live sessions created learning groups with healthcare colleagues outside their organisations. These brought together colleagues working in the same city, across the UK and worldwide.

Both types of satellite learning groups created a space to nurture organisational conversations about change, service quality and high-quality patient care. The materials, slides or study guides served as effective tools for starting meaningful conversations about organisational issues or potential improvements related to patient care and service quality. In this sense, the SHCR can be seen to have a knock-on impact beyond the organisations of those people who signed up and took part in the core online modules.

[1] http://www.rcgp.org.uk/Clinical-and-research/Practice-management-resources/~/media/Files/Informatics/Health_Informatics_Enabling_Patient_Access.ashx

Where next for the SHCR?

Perhaps the most striking thing in participants' stories about the difference the SHCR made to them is that it is clear some people have used it to help them **grapple with challenges** that they really thought were intractable. Leading or trying to implement change can be extremely tough going. Some of the comments in our research testify to just how tough:

> *'I have rocked the boat and fallen out. I feel humiliated by past events in the workplace and whereas I was fearless, I am now fearful and unemployed. Along the way, there have been lots of instances of bigotry and bad behaviour by staff at all levels and I have been unable to successfully challenge or protect myself. … This is a big problem if you are junior and unsupported. I do understand that to be a change agent, you won't win any popularity contests, but in my case, I believe pushing for change led to not obtaining partnerships that I wanted and ultimately resignation.'* (Survey respondent)

> *'I felt frustrated and alone. I believe I have an important contribution to make, but I am struggling to make myself heard. I thought the school could help me see just what I am doing wrong. … [Some of the things] provided I was doing already, and some of the outcomes may have been higher immediately after the course ended. I am still working to find ways to put this into practice.'* (Survey respondent)

These quotes, along with the case study interviews, highlight the very personal significance of helping people become better change agents. This is something which stands to benefit not only organisations, but individual actors within it, making their work more purposeful and less frustrating.

The school does not solve such challenges for people but it does offer some essential points of learning, such as being bold in starting the change you want to see and 'rolling' with resistance instead of struggling when things don't go to plan. Crucially, the school also offers a **network of encouragement and support**. One of the most common findings for all our interviews was that the SHCR helped them discover that there were similar people going through the same difficulties, and reminded them that their struggles, as change agents, were normal. The message that 'You are not alone' may not be sufficient, but it can be very valuable for maintaining morale.

Indeed, the fact that taking part in online discussions is closely related to participants' increase in **social energy** for change points to the importance of the social aspects of the school and, indeed, the wider relevance of social learning as a process.

The school is also effective in equipping people with **skills and knowledge** to be effective change agents. Our before and after survey shows that this is especially the case for **knowledge about change models**, for which many participants were starting from a relatively low base. This includes blending 'old' and 'new' approaches to leadership and change, and building a stock of practical tools.

Our research also points to a notable improvement in people's ability to **rock the boat**, assuming permission to act and being able to effectively challenge; and in their ability to **connect with others** to build support for change.

Where the school seems to be weaker is in helping people **stay in the boat**. This could be due to either of two things. Firstly, it may be that this skill is inherently harder or slower to develop. It is one thing to give oneself permission to take a lead, challenge assumptions and apply techniques to engage better with people to take them with you on a journey – these can all be positive experiences. It may

be another thing entirely to manage the more negative experience of trying to maintain relationships that are under pressure because of the change you are trying to lead.

Secondly, this finding may be due to a relative weakness in the school. Although the school consistently talks about 'rocking the boat while staying in it', as a whole it may be more skewed to the former, giving less attention to the latter. The language of being 'radical' may reinforce this bias – despite the differentiation made with being a 'rebel' or 'troublemaker'. Indeed, while some people clearly clicked with the language of the SHCR, others noted that they found it somewhat extreme or even off-putting.

However, in all these aspects of being an effective change agent, it is likely that due to the relatively short timeframe that the before and after survey covered (about six months), many changes implemented by the radicals are yet to realise their potential.

Finally, at a more practical level, the SHCR may do well to provide guidance and support on the use of social media, something that forms a constant and even integral part of the school. This should help introduce some people to the existing community and build their network with similarly minded change agents. Currently, some participants less experienced with social media found it difficult to forge connections with others:

> *'[I've experienced] a loss of confidence in working in the modern environment due to reliance on social media in this programme at a pace that I was unable to keep up with. … There are those of us who … can use social media a little but not at the pace required to cope with the programme. Chats online/Twitter and multiple communications all at once interfered with ability to listen to the modules.'* (Survey respondent)

In summary, there are points for improvement for the School for Heath and Care Radicals, but moreover, it is clear that this is a relevant and powerful programme. As the NHS continues its journey of transformation in years to come, it will be interesting to see how central a reference point the school becomes. For the moment, however, it is very much of its time and, we believe, constitutes a genuine asset for the NHS.

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Note: a more extensive review of existing literature can be seen in Appendix 1 to this report.

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