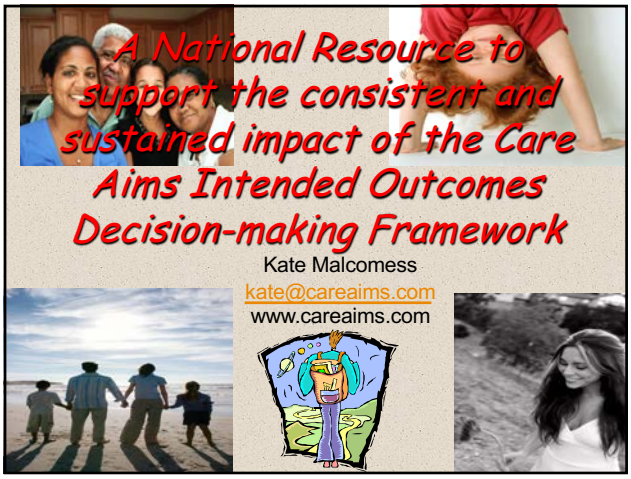


1

Session Outline

Timings	Content	Process
1.00	Meet and Greet Overview of HEIW's offer for Sustainability and Reach	Alex Howells – HEIW Chief Executive
1:20	Overview of the Core Principles of Care Aims Framework	Kate
1:40	Group Discussion – What struck you? What are the key drivers for the public, the workforce and your Health Board? What questions does this leave you with?	Break Out Groups
2:00	Debrief – Q&A and dialogue around key concerns	Plenary
2:20	Strategic Intentions and facilitators of the systemic transformation	Kate
2:40	Worst fears – What might be lost if these intentions are realised and how might you mitigate these loses?	Break Out Groups
3:00	Break	
3:10	Debrief with Q&A and dialogue around key concerns	Plenary
3:40	Accountability, line of sight and the issue with looking for Certainty rather than Clarity	Kate
4.00	HEIW Proposal – guidance on how to select key communication links and service area for priorities	Plenary
4:20	Final Q&A and actions	Plenary
4:30	END	

2

Familiarity with Care Aims

How well do you understand the Care Aims framework?

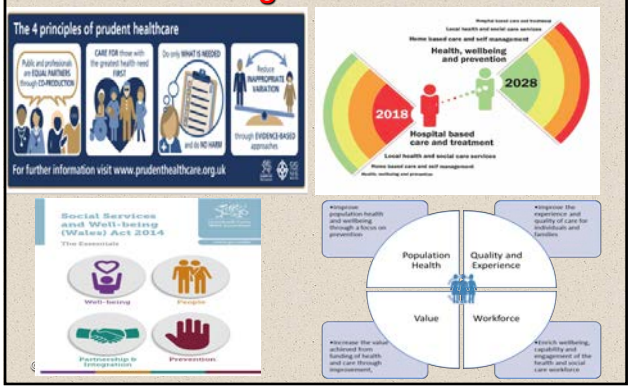
Have only ever heard the name 1. 6. Fully understand it and use it every day

How much impact do you think it's had on the thinking and practice in your Health Board?

None, None of our services use it 1. 6. Significant impact on practice

4

Policy Context and Strategic Intentions



5

?Strategic Intentions?

- ✓ Well-being for all – the public, families, communities, all agencies' leaders and staff working as equal partners
- ✓ Best use of all expertise and resources - acknowledging the unique contribution each person makes to the outcome
- ✓ Limited intrusion in people's lives - supporting resilience and capacity in all service users
- ✓ Reduced health and well-being inequalities - proactive, asset-based, community-focussed relationships
- ✓ Confident and capable practitioners and leaders - moving to outcomes-driven conversations and decision-making
- ✓ A system that makes sound improvement (governance) decisions - continuous reflection on outcome and reasoning, building trust and relationship and facilitating professional autonomy and accountability for improvement

6

A Learning Health & Care System

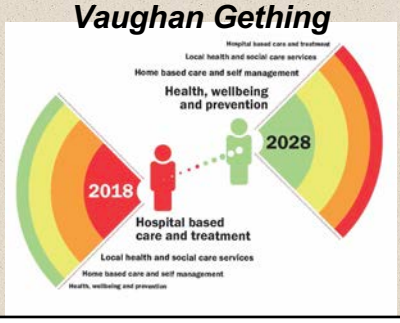
…The National Clinical Framework …

- ✓ "envisages that health boards and trusts take a population health approach to planning services, grounded in the life course approach.
- ✓ Sets out how (they) should adopt service innovations and higher value clinical pathways in a way that fits their local context.
- ✓ Emphasises the importance of local organisations applying quality system methodology and the duties of quality and candour. It reinforces the need for clinical teams to embed quality assurance cycles and clinicians to adopt prudent in-practice behaviours.
- ✓ …Highlights the importance of using data on what matters to patients …" *page 11*

7

"Its message is don't wait to be told. This Framework is your permission to act."

Vaughan Gething



8

How hopeful are you that everyone will hear and embrace the permission to act?

Very pessimistic everyone's watching their back

Not hopeful a lot needs to change to convince us

Hopeful there is a real shift in autonomous practice

Very hopeful it's happening already

Adapted from slide by Derek Mowbray 2008

9

Whole Systems Transformation

"There is nothing more difficult to take in hand, more perilous to conduct or more uncertain in its success, than to take the lead in the introduction of a new order of things."

Niccolo Machiavelli

10

If the answer is 82% …
what is the question??

What proportion of transformational change projects fail?

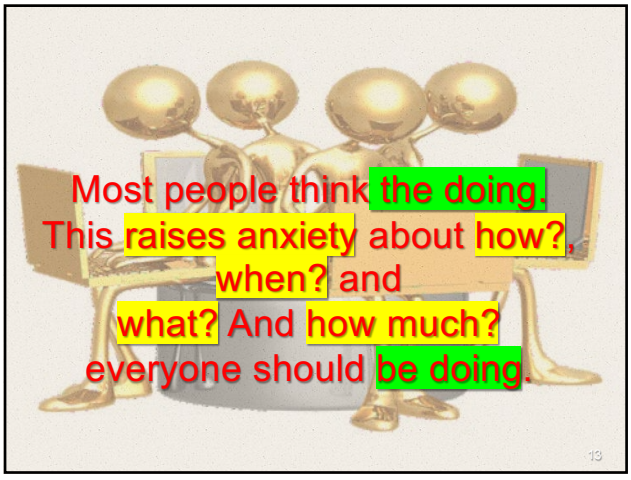
11

The TRADITIONAL Language of Systemic Change …

BEHAVIOUR	PROCESS
TASK	APPROACH
INPUT	STRUCTURE
WHAT?	HOW?
ROLE	OUTPUT

Leads us up the road of certainty

12



13

Care Aims Framework draws on …

A large body of research that elucidates the factors that support optimal professional practice. In particular:

✓ The *knowledge management literature* from other sectors that indicates that tacit rather than explicit research-base knowledge underpins most professional work

✓ The *psychology of human change literature* that indicates that collaborative decision-making is at the core of professional effective practice

14

Professional Decision-making is

…..the Art and Science of Uncertainty

Relies on

✓ ***knowledge*** of interactional & causal relationships (book knowledge)

✓ competencies acquired through ***experience*** coupled with a process of prior learning

✓ ***learning acquired through hypothesis-driven*** decision-making and individual ***reflections*** on personal experiences

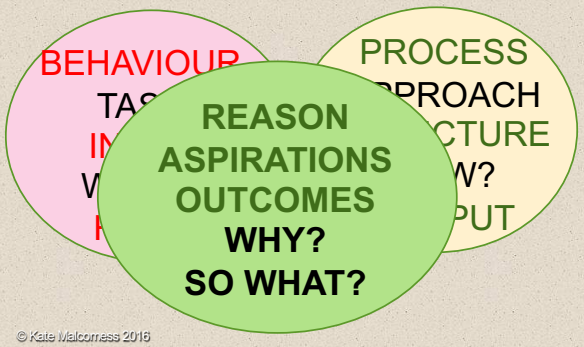
15

"More important than the quest for certainty is the quest for clarity." Francois Gautier

In seeking certainty and pinning it down, in the belief there is a right and wrong way to do things, we depersonalise our decisions and lose reason, autonomy and choice (resilience).

16

TRANSFORMATION HAPPENS WITH SHARED CLARITY OF PURPOSE



17

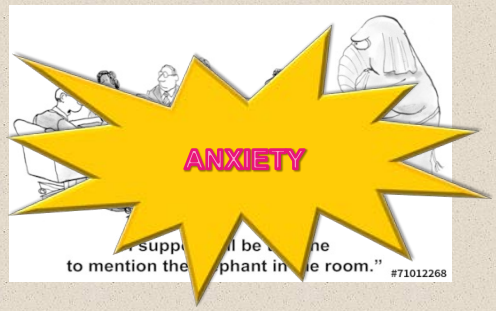
Culture change needed?

From:	To:
Explicit knowledge	✓ Tacit knowledge
Prescriptive guidelines	✓ Knowledge management
Generalized "one-size fits all" implementation of practice guidelines	✓ Collectively constructed personalized "mind-lines"
Hyper-rational approaches to evidence (scripts and heuristics)	✓ Contextualized communities of practice that support whole systems learning and improvement

Ref: Gabbay and le May, BMJ, 2004:329;1013

18

What's the snag??



19

Containing anxiety in institutions

Isabel Menzies-Lyth (1988)

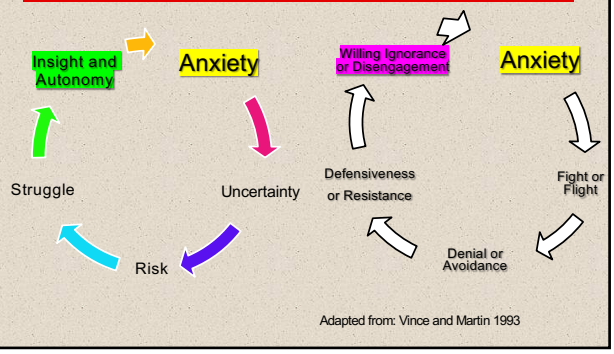
… the success and viability of a social institution are intimately connected with the techniques it uses to contain anxiety (p78)

… the nature of that anxiety is intimately connected to the *primary task* of the institution'

The primary task being the 'task [the organisation] must perform if it is to survive'. (Miller & Rice, p35)

20

Functional vs Dysfunctional Learning Cycles



Adapted from: Vince and Martin 1993

21

The answer?

Move away from role and hierarchy

- ✓ Uncertainty cannot be removed, leadership teams need to become more comfortable and skilled at working with the unknown – negative capability
- ✓ Find ways to de-personalise conflict - focus conversations on 'outcomes' not on tasks, roles or directives
- ✓ Embrace uncertainty, it unlocks autonomy and supports the workforce to co-create their own solutions to complex challenges
- ✓ Accept emotions – they are valuable data – listen at a much deeper level to support insight and learning - not knowing can be frightening for everyone!

22

The Care Aims Framework is …

✓ A framework for *decision-making and evidence-based* practice that enhances the negative capability built into the clinical reasoning process, to maximise learning

✓ A *person-centred approach* to collaboration around intended *outcome*

✓ A *set of principles* to guide complex decisions and ensure personal responsibility is retained to promote independence, autonomy and the best possible outcomes

23

What does it involve?

It represents a significant transformation in *culture, mind-set and expectations throughout* the system which involves:

✓using *knowledge and expertise* differently

✓*recalibrating* the concepts of *duty, risk and need*

✓repositioning service users (at all levels) from consumers to *collaborators*

✓*changing governance methodology* to ensure reflective practice is at its core

24

How is Care Aims different?

Care Aims focus	Traditional focus
✓ People and their lives	❖ Patients/Service Users
✓ Impact-based reasoning to guide duty of care	❖ Problem-based reasoning to guide duty of care
✓ Person-centred outcomes	❖ Condition/disease-centred outcomes
✓ People in control and taking responsibility for outcome, at all levels	❖ Service responsibility for input and outcome
✓ Collaboration/co-production at service boundaries	❖ Thresholds and referral eligibility criteria
✓ Early access to expertise and knowledge	❖ Delayed access to expert treatment

25

An outcomes framework helps us tolerate uncertainty

…when we change the order of things!

We need to start with what we can discover not what we can deliver

26

The Care Aims Framework is not…

- ✓ *a service delivery model*
- ✓ *an approach to care*
- ✓ *a set of forms/paperwork*
- ✓ *an outcome measure*
- ✓ *a process to be followed*

You cannot do Care Aims!

27

Care Aims
Core Beliefs, Values & Principles

BELIEFS	VALUES	PRINCIPLES
Human beings are hard-wired to create their own solutions, even to complex challenges	Authenticity	Think collectively and systemically, act locally
Compassionate relationships are essential to enhance this innate capacity	Kindness	Share resources, knowledge and power with those best placed to act
Communities that recognise this thrive	Openness	Witness the strengths and capabilities of others and encourage autonomy
Sustained change is best achieved through continuous learning	Humility	Collaborate at and across organisational and professional boundaries and challenge unhelpful processes
	Curiosity	Champion the voices of those closest to the challenges (often those heard the least)
	Diversity	Design systems to support reflection and learning, rather than to control
	Clarity	
	Creativity	
	Freedom to act	
	Trust	

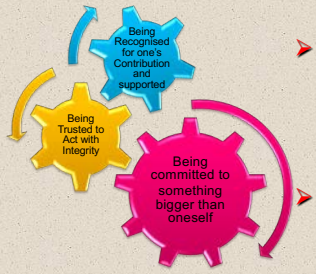
28

If 82% of transformation fails…

…how can we ensure this is one of the 18%??

32

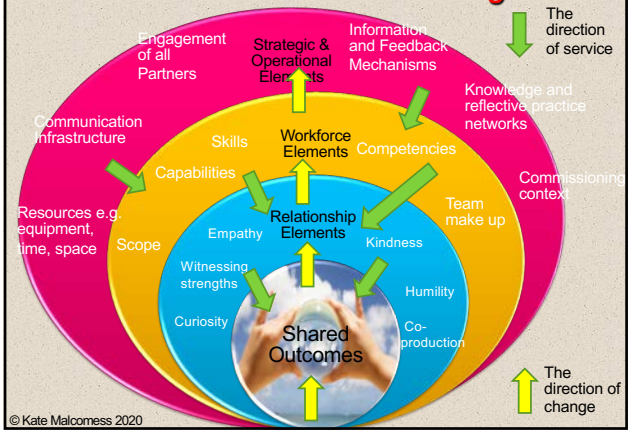
Who needs to change and Why?



- Does everyone agree change is needed?
- Has everyone contributed to the Vision and Core Ambitions of this shift in practice?
- Does everyone understand what good would look like?

33

The natural order of things



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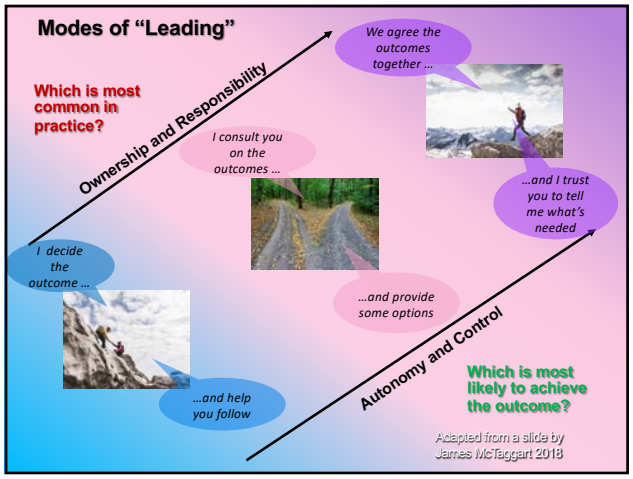


35

How would you know you'd arrived?

Public Intended outcomes (in their voice)

1. We (the population of Wales) will be achieving our personal outcomes more frequently
2. We will be feeling confident to self-manage – trusting you and ourselves
3. We will be able to access help when we feel we need it
4. We will be more included in our local communities
5. We will be safer and feel less worried/concerned
6. We will have a better understanding of local resources and be able to access these independently
7. We will have confidence in your services and experience less disappointment
8. We will be treated with respect and dignity by you

36

How would you know you'd arrived?

Workforce Intended Outcomes (in their voice)

1. We will be happier and confident that reasonable decisions will be supported by the HB/Trust
2. Our patients' outcomes will be better
3. We will be confident in our own reasoning and ability to learn from our practice
4. There will be collective well-being in the service i.e. we will be valuing, trusting and respecting each other
5. Our job satisfaction will be high and we have pride in our work
6. We will be feeling more committed to the team and the organisation
7. We will be feeling better about managing the demand
8. We will be feeling less stressed
9. We will be feeling safer – not be fearful of being blamed
10. We will be confident in all our strategic decision-makers
11. We would have renewed positivity and energy

37

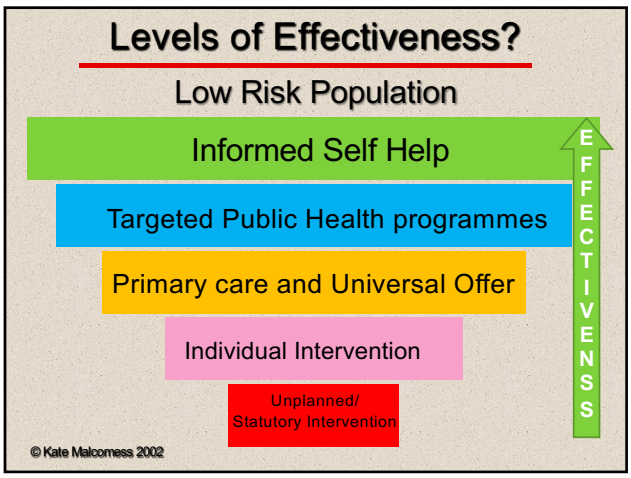
How would you know you'd arrived?

Directorate/Service Intended Outcomes (in their voice)

1. We will be trusting each other to report issues and learn together
2. People will want to work for us and will be staying with us for longer
3. All staff and leaders will be feeling valued, understood and treated with dignity
4. Higher staff morale – and there will be a no blame culture
5. Our partners will be trusting us to collaborate fully in a common good
6. Our service users will be trusting us to listen and understand
7. Leaders will be feeling more supported in their decision-making (empowered) because they have line of sight to the decisions being made at service level
8. Leaders will be feeling less anxious and therefore more likely to co-create with staff rather than attempt to direct their decisions
9. NHS Wales and WAG will be trusting us and using our intelligence to support strategic decisions
10. We will be financially secure and thriving as an organisation

38

Levels of Effectiveness?



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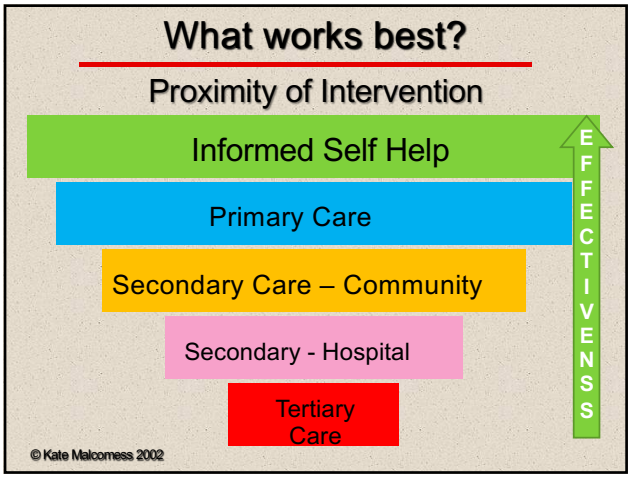
What works best?



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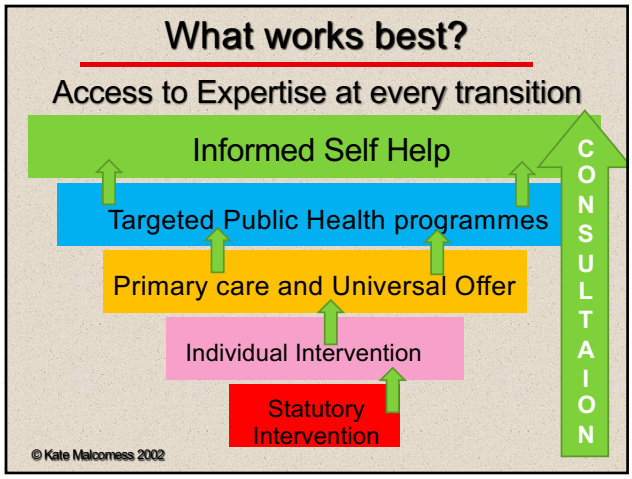
What works best?
Access to Expertise at every transition
Informed Self Help
Targeted Public Health programmes
Primary care and Universal Offer
Individual Intervention
Statutory Intervention
CONSULTAION
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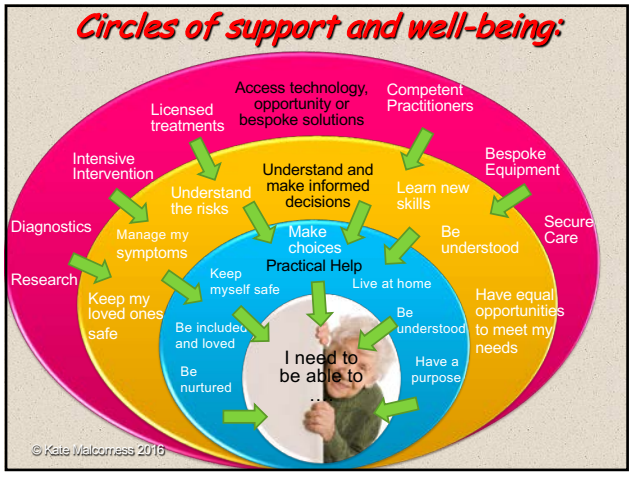
41


Circles of support and well-being:
Access technology, opportunity or bespoke solutions
Licensed treatments
Competent Practitioners
Intensive Intervention
Bespoke Equipment
Understand and make informed decisions
Understand the risks
Learn new skills
Diagnostics
Secure Care
Manage my symptoms
Make choices
Be understood
Research
Practical Help
Keep myself safe
Live at home
Keep my loved ones safe
Have equal opportunities to meet my needs
Be included and loved
Be understood
I need to be able to ...
Be nurtured
Have a purpose
© Kate Malcomess 2016

42


The Village Effect
Picture courtesy of Guardian online
Susan Pinker 2015
© Kate Malcomess 2017

43

What gets in the way of collaborative decisions?

Beliefs and assumptions about NEED!

44

The effect?

Funneling into "Tiers" of Intervention

Tier 0 - Self Help

Tier 1 – Low level/less specialised

Tier 2 – Moderate/more specialised

Tier 3 – Specialised

Tier 4 - Highly specialised

REFERRAL

45

What stops this working?

ANXIETY and Beliefs about Expertise

ANXIETY

DEMAND

ASPIRATION

Tier 4 - Highly specialised

Tier 3 – Specialised

Tier 2 – Moderate/more specialised

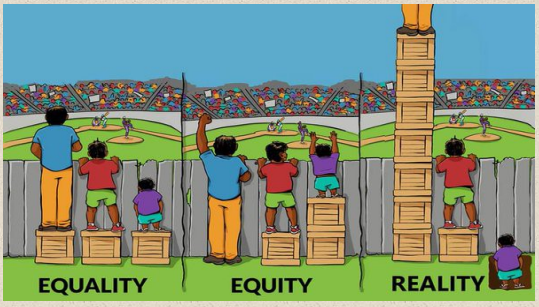
Tier 1 – Low level/less specialised

Tier 0 - Self Help

46

Problem-based decisions do harm!

The worried well and the hard to reach!!



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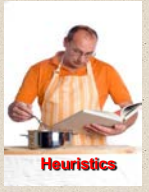


Organisational Traps?

48

Event risks dominate our conversations

49

Risks, deficits or problems dominate our conversations

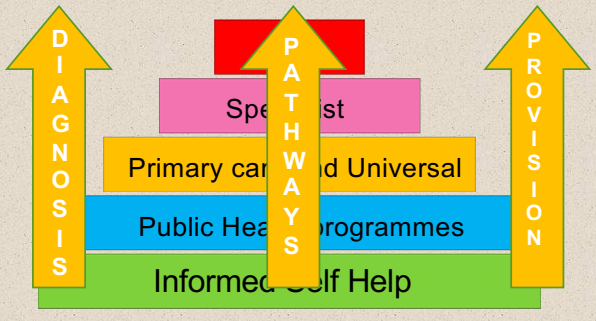
- ✓ Create beliefs that increase vulnerability and *powerlessness* – knowledge expertise trumps proximity expertise and reduces resilience and personal responsibility
- ✓ Delay access to more appropriate help
- ✓ Impair communication between everyone around the person with the "problem" – misaligned expectations and dissatisfaction
- ✓ Create incongruous anxiety that restrict autonomy
- ✓ Limit collaboration and stop people adopting self-help strategies that would potentially benefit them

Risk goes up because learnt helpless becomes endemic through the entire system!

50

The effect?

Beliefs about entitlement and resource



51

??Current PROPORTION of OVERALL BUDGET SPEND and CONCENTRATION OF EXPERTISE for EACH LOCATION??

PUBLIC HEALTH/PREVENTION – <5%

PRIMARY/SELF HELP– <10%

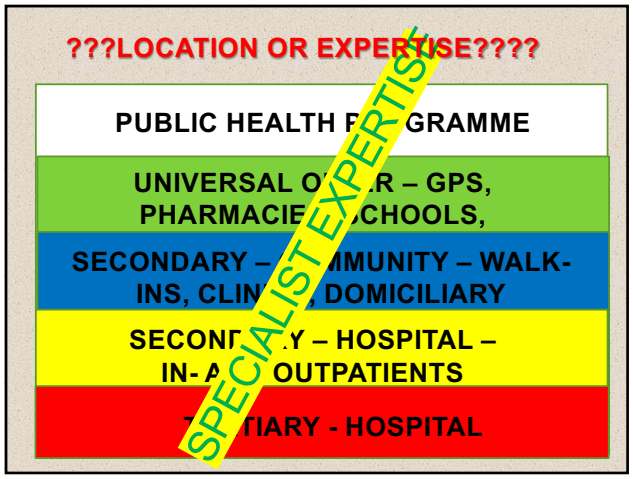
SECONDARY – COMMUNITY – <8%

SECONDARY CARE – HOSPITAL – >67%

SPECIALIST EXPERTISE

TERTIARY CARE – HOSPITAL - 10%?

52


???LOCATION OR EXPERTISE????
PUBLIC HEALTH P GRAMME
UNIVERSAL O R – GPS, PHARMACIE CHOOLS,
SECONDARY – MMUNITY – WALK-INS, CLIN DOMICILIARY
SECONDARY – HOSPITAL – IN- A OUTPATIENTS
TIARY - HOSPITAL
SPECIALIST EXPERTISE

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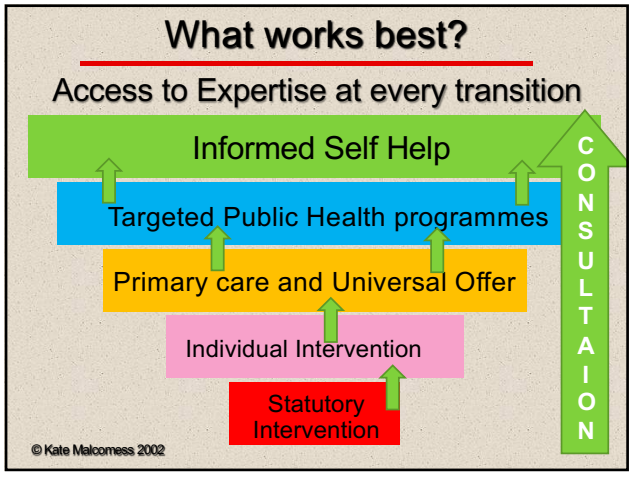
What works best?
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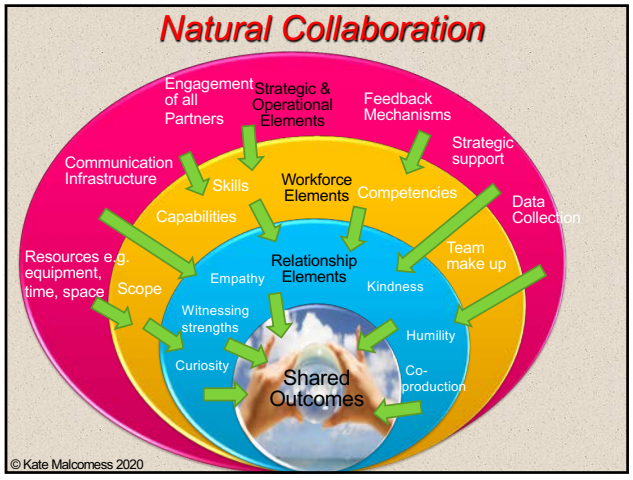

Natural Collaboration
Engagement of all Partners
Strategic & Operational Elements
Feedback Mechanisms
Strategic support
Communication Infrastructure
Skills
Workforce Elements
Competencies
Data Collection
Capabilities
Resources e.g. equipment, time, space
Scope
Relationship Elements
Empathy
Kindness
Team make up
Witnessing strengths
Humility
Curiosity
Shared Outcomes
Co-production
© Kate Malcomess 2020

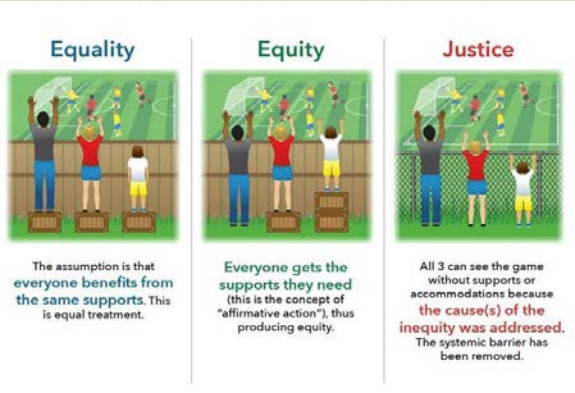
55

How does Care Aims Help?

- ✓ All conversations start with impact and intended outcome and lead to reasonable co-created decisions
- ✓ Workload of all services is *redistributed* to include much more work capacity building across organisations, team and sector boundaries
- ✓ *Modes* of accessing specialist expertise are changed to support autonomy and collaboration at the *point of need*
- ✓ *Decisions are validated* through robust reflective practice forums, peer review and spaces for understanding reasoning across all professions and remits
- ✓ Metrics focus on the impact of the activity and process on *well-being outcomes for people*
- ✓ Focus is on growing *capabilities and nurturing relationships* within and across teams

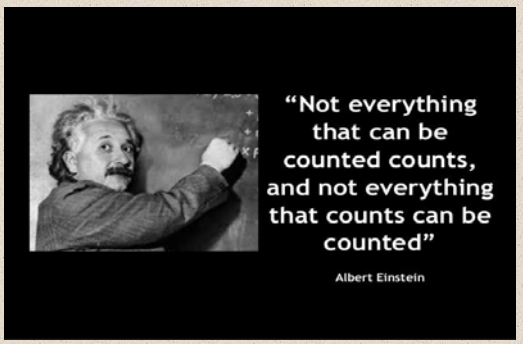
56

From deficits to impacts/outcomes



57

What are you counting and why?



61

Provides an Illusion of control

- ✓ Most attempts at transformation focus on changing process and task ***(what and how we will do things?)*** - not on reason and outcome ***(why we need to do it and so what we've done it?)***
- ✓ This focus on changing behaviour often results in a set of ***rules, guidelines, procedures, pathways and requirements*** which are then used to ***direct decisions!***
- ✓ Applying a ***command-and-control paradigm*** to ***"person-centred decisions"***, reduces decisions to algorithms, ***stops thinking and breeds apathy.***
- ✓ Filling in the ***paperwork*** and ***ticking the boxes*** becomes the focus of 'transformation' and outcomes are lost in arguments about ***task, role, regulations and process.***

62

'Companies have no time to tell people what to do in fast-changing markets.

The solution is to train them to think for themselves'

Jack Welch, CEO, General Electric

1985!!!!!

63

Governance

Think about what? How do we know we are thinking the right things?

WHAT EVIDENCE WOULD CONVINCE YOU THAT YOU AND YOUR STAFF WERE DOING YOUR DUTY?

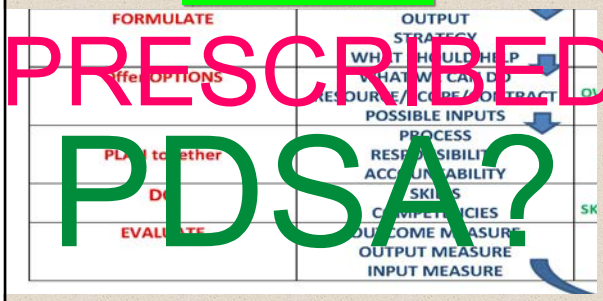
64

What gets in the way of reasonable decision-making?

Beliefs and assumptions about what makes a good decision

65

Where does a good decision start?

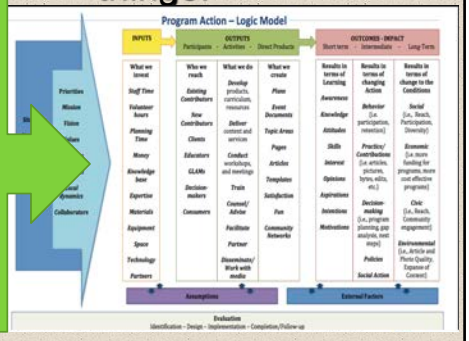


Frequently results in Buyer's Remorse!

66

Logic Models – Wrong order of things!

What's missing?



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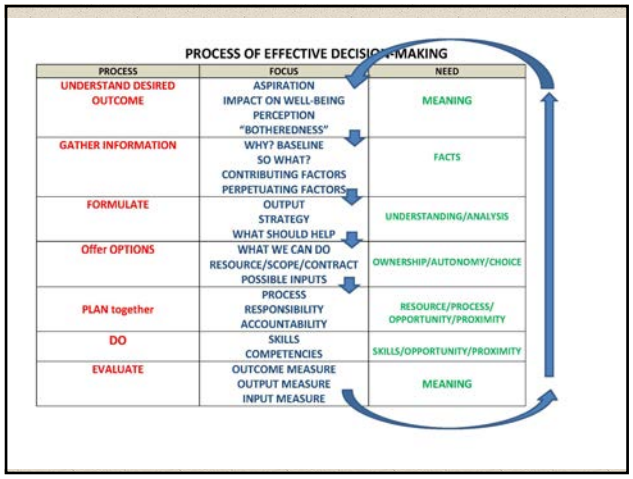

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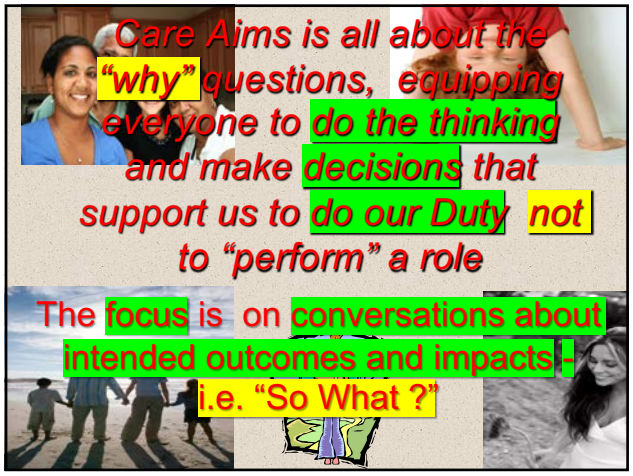
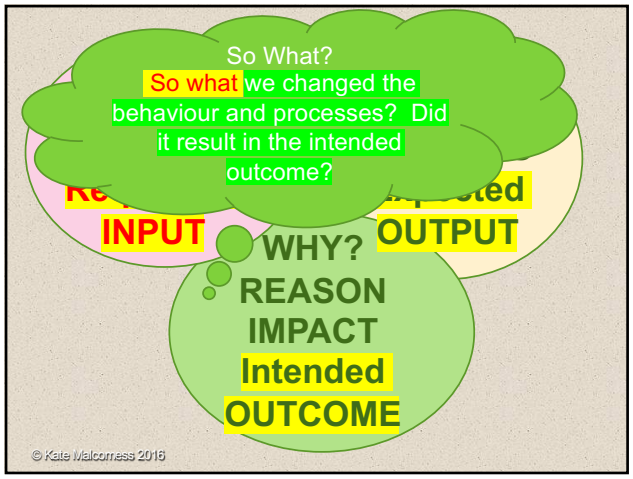


69

Better Decisions

come from a shared understanding of personal impact and aspiration
which comes from better relationships
which are build on effective conversations

70



71

72

Evidence-based Assurance

- ✓ Does your current intelligence help you make *effective governance decisions*?
- ✓ What evidence do you have that your *interpretation of the data* is sound?
- ✓ What evidence would assure you that everyone was doing their duty?
- ✓ Who decides what the evidence *means*?
- ✓ Whose help do you need to ensure you are *learning the right things*?

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73

Levels of Effectiveness?

Low Risk Population

Informed Self Help

Targeted Public Health programmes

Primary care and Universal Offer

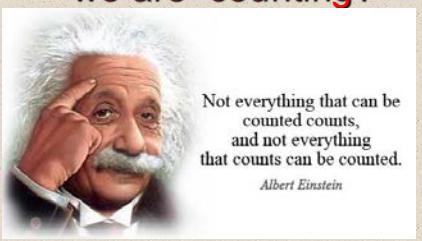
Individual Intervention

Unplanned/ Statutory Intervention

EFFECTIVENESS

74

Can we change what we are counting?



Assurance and accountability – the intention is reflection and learning not controlling

75

INTENDED CLINICAL OUTCOMES (CARE AIM) AND OUTCOME MEASURES

- NO Targets
- NO League Table
- NO Directives
- NO Zero Tolerance

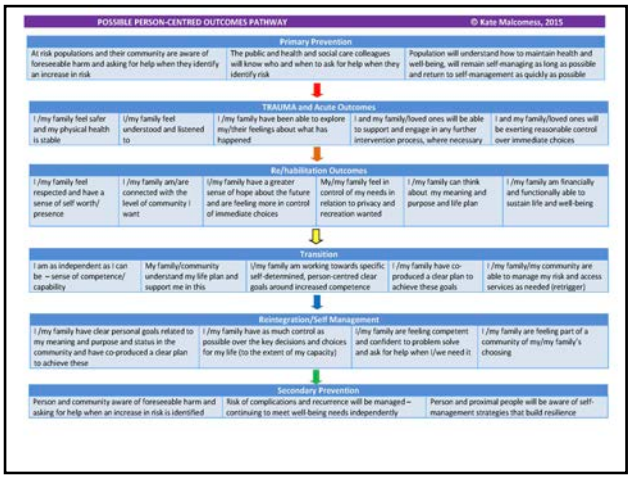
Care Aims helps build an Intelligence Framework:
What data do we need?
Who's expertise will help us understand the data?
What have we learned?
What do we need to change?

- Data not PERFORMANCE measure
- FACTS not FEAR
- UNDERSTANDING not BLAMING
- DEVELOPING not CHANGING

WELL-BEING OUTCOMES FOR ALL (PersonROMS)

PROCESS/ EXPERIENCE MEASURES (PersonREMs)

76



77

Outcome Measures – fit for purpose?

- ✓Whose outcome is it? Whose formulation?
- ✓What are we intending to change?
- ✓What is the most valid measure?:
  - ✓Patient-centred well-being outcome measure
  - ✓(Patient) reported outcome measure
  - ✓(Patient) reported experience measure
  - ✓Clinical outcome measure
  - ✓Efficiency/financial outcome measure
  - ✓Productivity measure
  - ✓National compliance measures

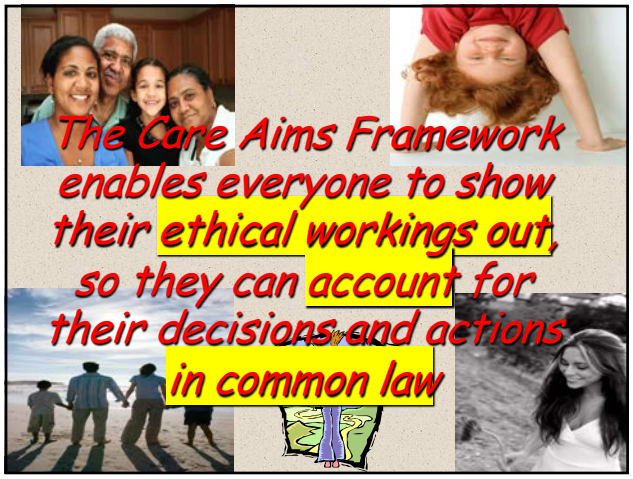
78

Why Care Aims?

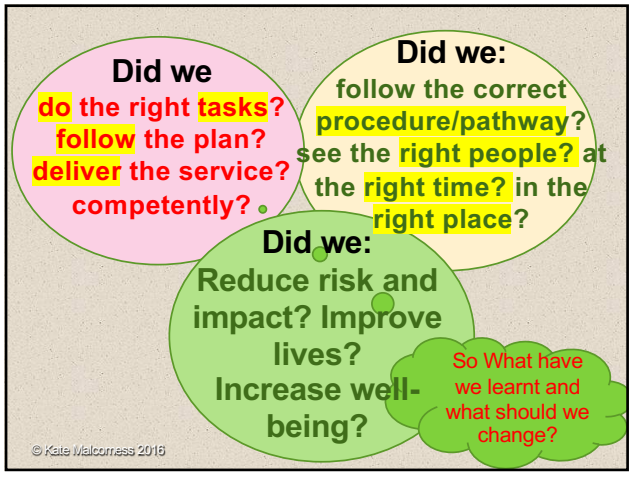
- ✓ clear way of evidencing duty of care through *reflection on effectiveness around person-centred aspirations*
- ✓ recognises the need to review plans in a responsive way, *when the evidence requires it*
- ✓ *helps refine and adapt formulations of need*
- ✓ Helps with *open dialogue around reasoning not doing.*

Reflective Practice is the key to Effective Outcomes

79


The Care Aims Framework enables everyone to show their ethical workings out, so they can account for their decisions and actions in common law

80


Did we
do the right tasks?
follow the plan?
deliver the service?
competently?
Did we:
follow the correct procedure/pathway?
see the right people? at the right time? in the right place?
Did we:
Reduce risk and impact? Improve lives? Increase well-being?
So What have we learnt and what should we change?
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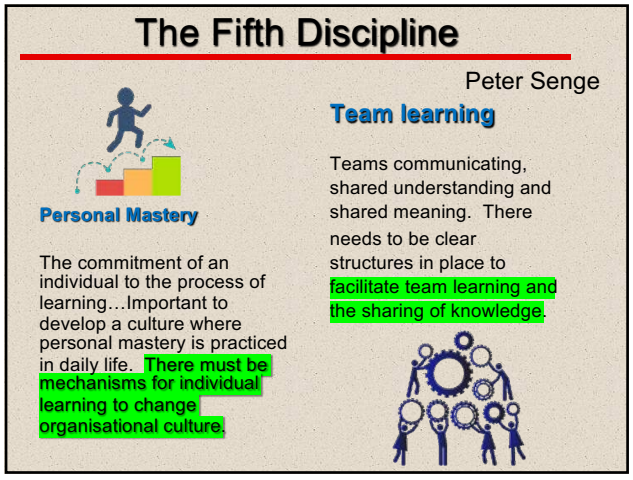
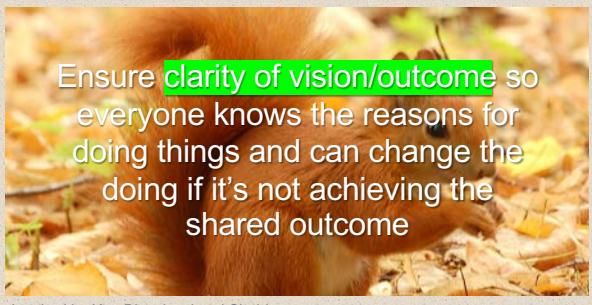
81


The Fifth Discipline
Peter Senge
Personal Mastery
The commitment of an individual to the process of learning…Important to develop a culture where personal mastery is practiced in daily life. There must be mechanisms for individual learning to change organisational culture.
Team learning
Teams communicating, shared understanding and shared meaning. There needs to be clear structures in place to facilitate team learning and the sharing of knowledge.

82

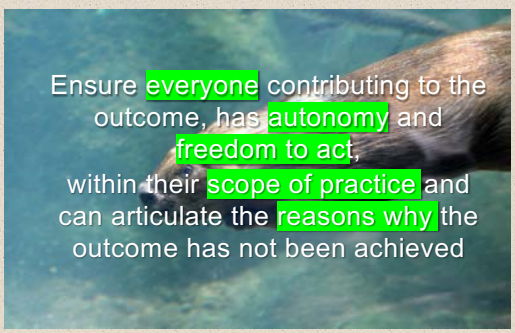
We need to govern reasoning not doing!



Inspired by Ken Blanchard and Sheldon Bowle's book **Gung Ho**

83

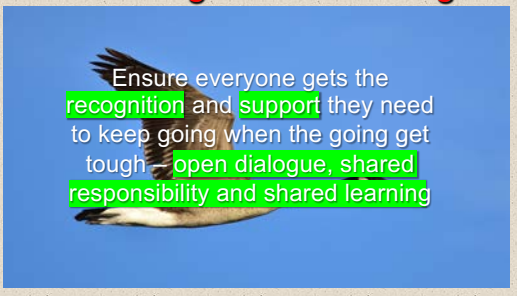
Trust is critical to ensure candour



Inspired by Ken Blanchard and Sheldon Bowle's book **Gung Ho**

84

Assurance not governance – the intention is reflecting and learning not controlling



Inspired by Ken Blanchard and Sheldon Bowle's book **Gung Ho**

85

HEIW Proposal

- ✓**Reach:** Wales-wide, All Health Boards, Entire patient journey, Inter-disciplinary, inter-speciality
- ✓**Sustainability:** Grow our own! 4 Regional Leads – 2 year development project to take over training and support for local teams with implementation decisions
- ✓**Independence:** Co-creating local offer with key leads and supporting local effectiveness

86

HEIW Proposal

- ✓**Allocated link person**: Ease of communication and local decision-making
- ✓**Identifying teams/service areas/ pathways:** Support to identify the teams and local champions to sustain roll-out
- ✓**Collaboration and learning:** Co-producing project plans to support accountability and learning from the roll-out

87