Learning from rapid innovation and improvement

Virtual workshop write-up

18 June 2020

Delivered by

The Health Foundation

Supported by

NHS Improvement

Introduction

This is a write up of the third Rapid Learning and Improvement workshop, delivered by Q with over 100 participants from across the UK and Ireland.

The workshop explored **practical ways to navigate the uncertainties** from the COVID-19 pandemic, with **ideas to help teams develop a clear vision for the future**.

In this write up we have included:

- An introduction to practical tools and models from **futures and foresight**
- Detailed write up from **break out group discussions** about current problems and future possibilities in health and care post COVID
- Summary of **feedback** on the session collected in an after action review

This write up for people who did and didn’t attend the workshop.

Meet the team delivering the workshop

Facilitators

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Section 1: Futures and foresight

Sharing models and practical tools

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What do we mean by futures and foresight?

Futures and foresight methodologies encourage and support us to think about and plan strategically for the future.

- **They are less about predicting the future:** though they are based on the fact that the future is not predetermined, and actions taken now will help shape what comes next.
- **They are more about helping us to make sense of the present:** to identify trends, map alternative futures, and come up with plans for how to reach the future that we most desire.

Futures and health care

- Futures work can be particularly useful in health care, as many of the models acknowledge and pay attention to the complexity that exists in systems.
- While futures theory is used most in policy or academia, there are many tools and methods that have been developed or adapted for teams and organisations as part of planning and strategy development.
- On the following slides, we have provided some introductory information on models that you may find helpful.

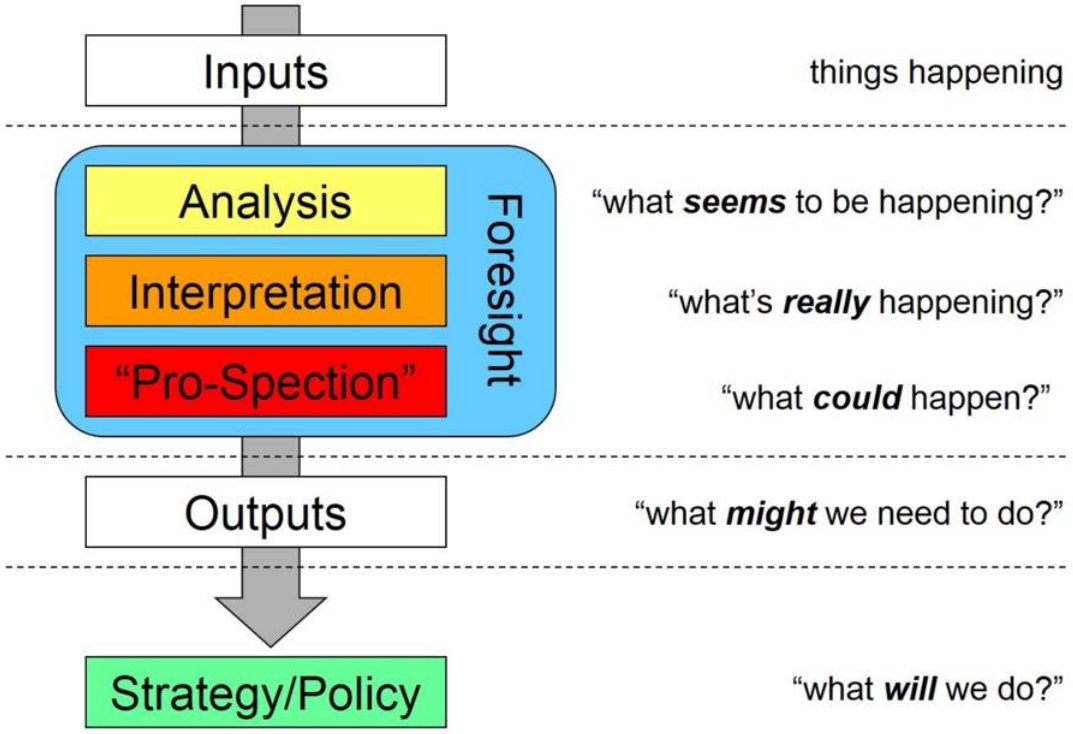
Shaping Health Futures

The Health Foundation is leading a programme of work that explores long-term issues impacting health and social care, and their implications for policy.

You can find out more about this programme on our website.

Model 1: Generic foresight process

- One of the most common models is the ***generic foresight process***, from Joseph Voros.
- It shows the phases you need to move between and, in particular, the questions that need to be explored at each stage.
- On the next slide we've provided a bit more detail on each phase and the tools that might be helpful as you work through.



Joseph Voros, Generic Foresight Process, 2003

Find out more:

- Joseph Voros - A generic foresight process framework
- Thinking Futures - foresight approaches
- Joseph Voros, The futures cone use and history

Generic foresight process: the phases

Inputs

This phase can include scanning the external environment to identify changes with potential to shape the future of your organisation.

Tools can include: PESTLE, STEEP

Analysis

This phase includes analysing what you have seen, spotting patterns or major shifts, to understand the one that matters for your organisation.

Tools can include: Trend analysis tools, Three Horizons

Interpretation

This phase encourages a deeper understanding of forces for change, surfacing unquestioned assumptions and biases.

Tools can include: Causal layered analysis

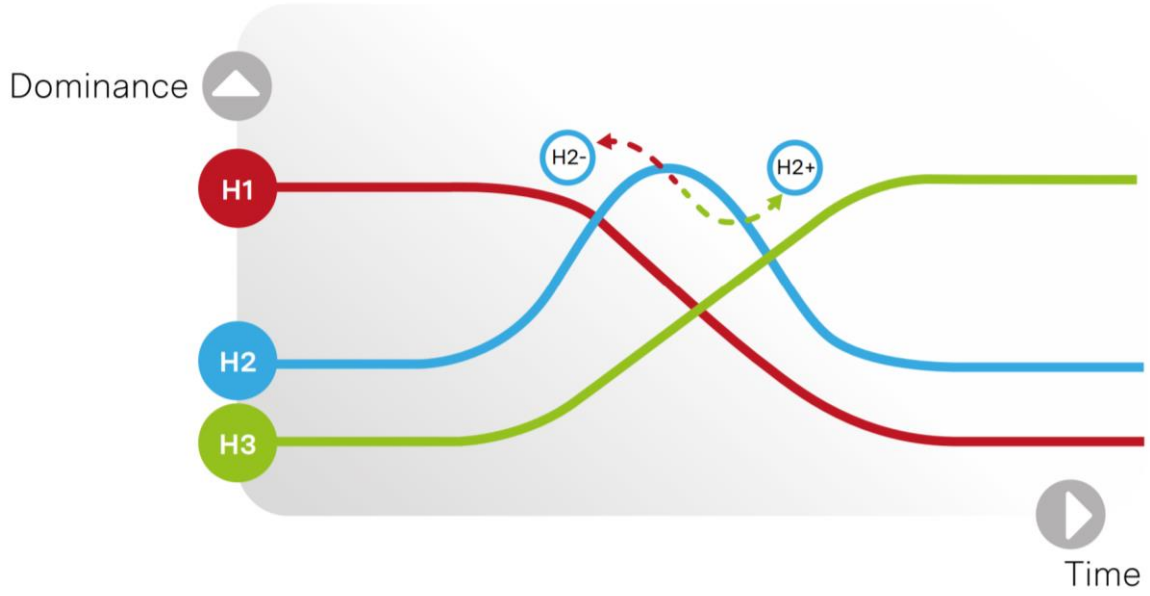
Prospection

This phase includes purposefully looking forward to explore alternative futures: potential, possible, probably, plausible, preferred.

Tools can include: Scenario planning

Model 2: Three horizons model

The **three horizons model** was developed by Bill Sharpe at International Futures Forum. It is a visual model that can work well to support group discussions.



Bill Sharpe, Three horizons: The patterning of hope
Graphic by Public Health Wales, Three horizons: A toolkit to help you think and plan for the long-term

The **vertical axis** is about dominance and the **horizontal axis** shows time.

The model shows that in most scenarios there is a dominant way of doing things right now (horizon 1).

In the future, this will be replaced by a completely different way of doing things (horizon 3).

Changes and innovations that take place between them can both speed up and slow down this change (horizon 2).

On the next slide we have described each of the horizons in more detail.

Find out more:

Bill Sharpe - Three Horizons: The patterning of hope

Three horizons: the phases

Horizon 1

- This is the most dominant way of doing things right now: the current situation.
- The model assumes that eventually the way we do things now will be superseded by new, better ways.
- The systems and processes that are working fine at the moment, will become less and less fit for purpose as the context changes.

Horizon 3

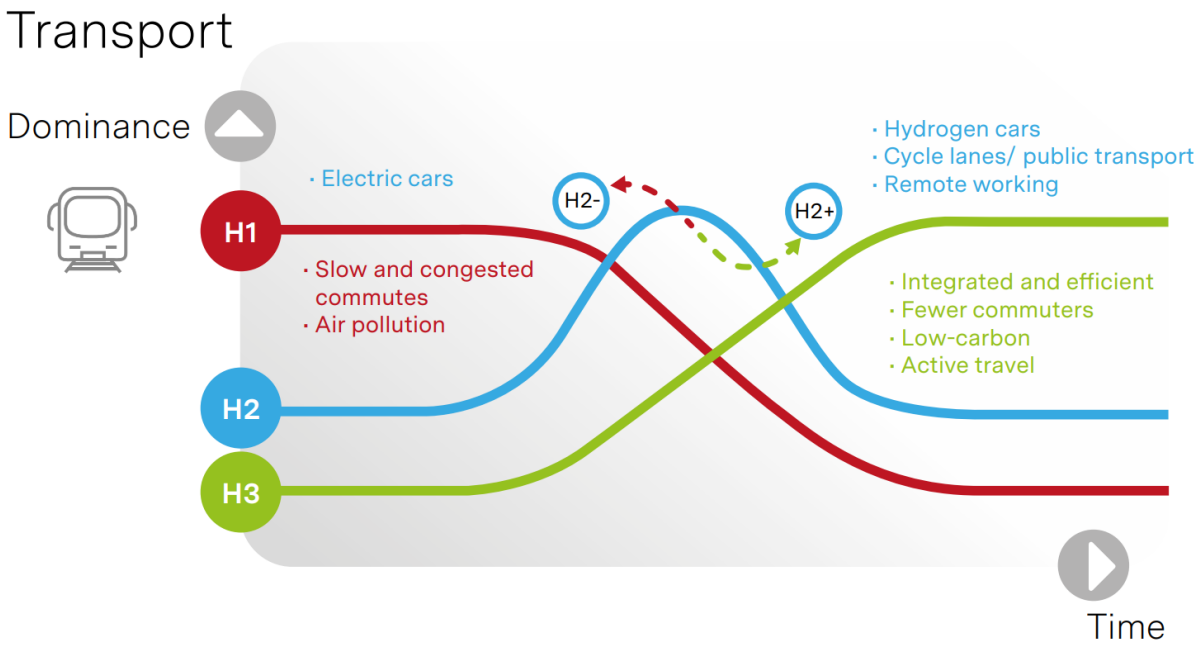
- This is the way we want things to work in the future.
- It represents a completely different way of working. This will in time become it's own H1 or new normal.
- It points out that there will be some pockets of H3 happening now, in the fringes, even though it's nowhere near a dominant model.
- This means thinking about the future doesn't need to be about predicting the future, rather being able to spot emerging trends.

Horizon 2

- These are the innovations that help make the transition between the two different world views.
- Innovations can either help to maintain the status quo, by making H1 successful for longer, or they can help speed up the process for reaching H3.

A worked example from Public Health Wales

- This example is about transport
- **Horizon 1:** The dominant transport model right now includes slow and congested commutes, with high levels of traffic and pollution.
- **Horizon 2:** Electric cars, while feeling innovative, may reinforce many of the current problems. Most electricity is still being made by burning fuels and roads are still being built to prioritise cars. More ambitious changes relate to infrastructure changes towards cycling and public transport, and increased remote working as we're seeing at scale during COVID.
- **Horizon 3:** To move away from a car-dominated society we will need to embrace flexible working, encourage active travel and the wider decarbonisation agenda.



Public Health Wales, Three horizons: A toolkit to help you think and plan for the long-term

Activities you can try

Practical ways to use futures in your work

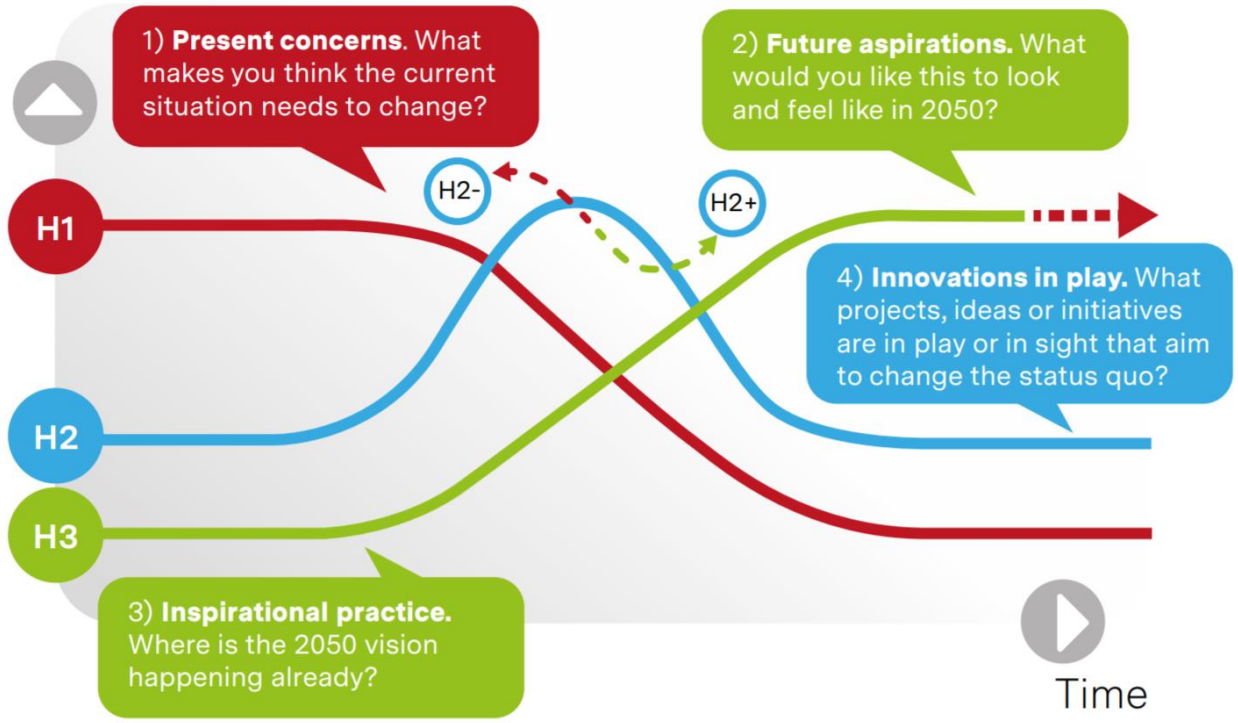
Using the three horizons model in teams

Three horizons can be used in lots of different ways, including:

- Helping you to make sense of trends and emerging changes
- Helping you to understand different perspectives about change
- Coming up with ideas for innovations

There are lots of activities in the Public Health Wales toolkit including this simple activity exploring four key questions about the horizons.

You can find other resources in the International Training Centre - Foresight toolkit



Exercise from Public Health Wales, Three horizons: A toolkit to help you think and plan for the long-term

Use Liberating Structures: Critical uncertainties

- If you would like to think about how your team can be better prepared to act, and respond to disruptions, you can try the Liberating Structures activity, Critical Uncertainties.
- The activity begins by thinking about things that are uncertain in your environment. You then move on to prioritise those that are most critical then most uncertain, and come up with scenarios for how this can happen.
- Working in small groups, you explore what you would need to do to operate successfully in order to succeed in that scenario.
- Looking across the different scenarios can help you to identify actions you can be thinking about now to help in multiple, future scenarios.

Scenario planning using the 4 Ps

If your team is planning to identify potential futures, you may find it helpful to discuss which of them is possible, plausible, probable, and preferable. This is a very common model in foresight that can be used in lots of different ways. Here we've pulled out some of the main questions for you to explore.

Possible What might happen?	• Focus on **divergent** thinking. What futures can you imagine? • What is the best and the worst case?
Plausible What could happen?	• Focus on **convergent** thinking. What is feasible from the scenarios you've already identified?
Probable What is likely to happen?	• Focus on **analytic** and **systems** thinking. What events would need to happen to make this future a reality? What assumptions are we making?
Preferable What do you want to happen?	• Focus on the preferred **future state.** What do you want to happen and what choices can you make now?

Section 2: Breakout groups

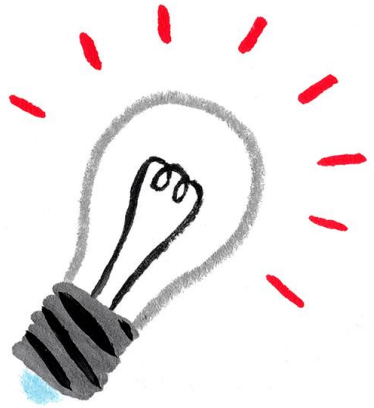
Exploring current problems and future possibilities

Delivered by The Health Foundation

Supported by NHS Improvement

How we ran this session

- We had 40 minutes in small breakout groups, of around 10 people, to do a fast-paced futures activity.
- The purpose of this activity was to:
  - ✓ Provide a space for people to reflect on the current state of play and think about the type of services/health care system they want to see at the end of the pandemic.
  - ✓ Enable people to start thinking in a different mindset. They were able to slow down from ‘crisis’ mode, to reflect and look to the future.
  - ✓ Provide a space for individual reflection and group discussion.
- The activity was split into 2 parts.



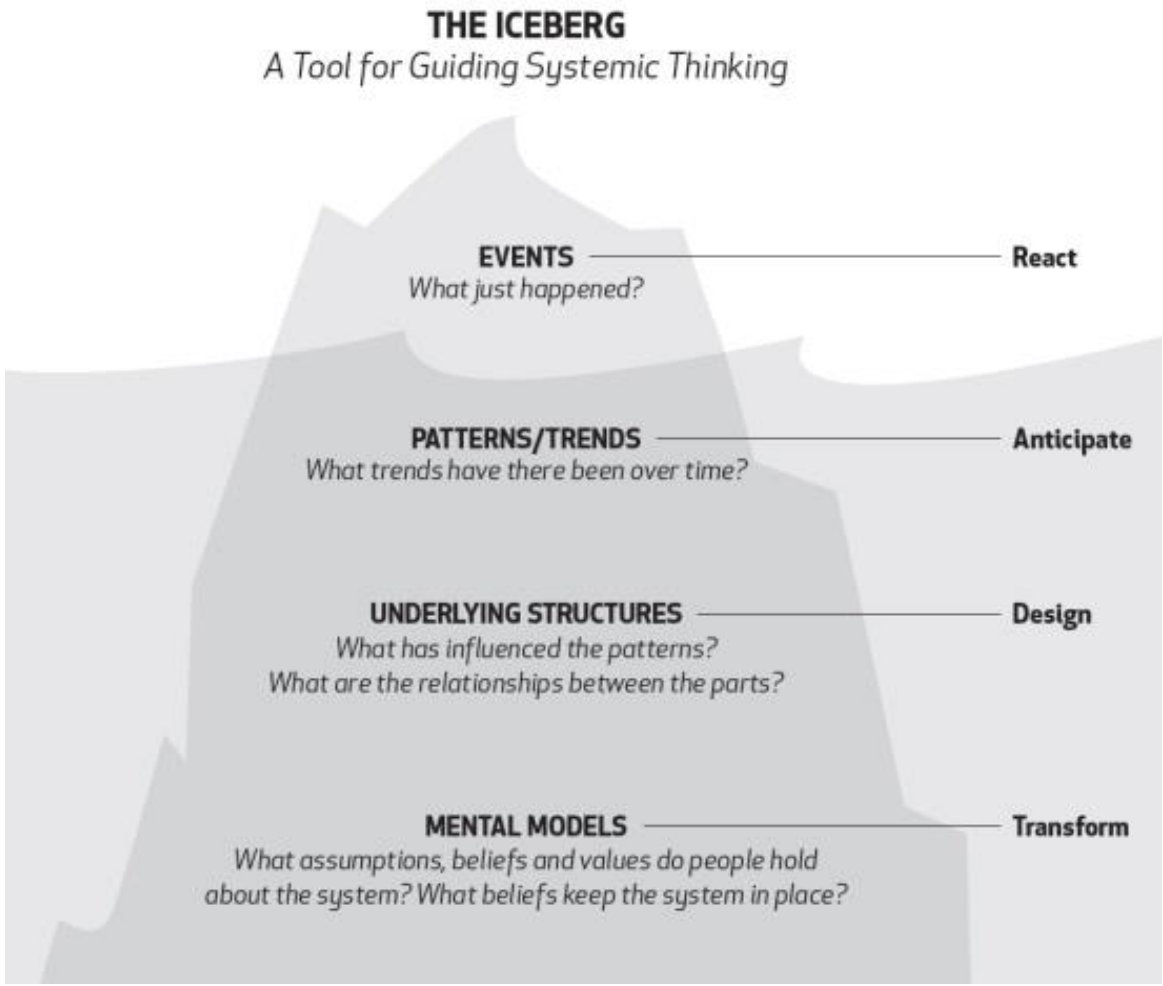
Part 1: Understanding the current state of play

- In the first part of the activity, we asked participants to think about issues they see in how the health system operates now (i.e. Horizon 1), paying particular attention to the things they have observed during the pandemic.
- We kept this topic so broad so that it would work for a diverse group of participants. A more focussed topic would work better if this being done in an organisation or system.
- The goal of the conversation was to **think about the problems that people see happening (above the surface) and what this tells them about what's going on below the surface.**
- To do this, the facilitator read out a series of questions, and everyone typed a response into the chat box, followed by an open conversation.

Part 1: Understanding the current state of play

The questions loosely followed the pattern of the **iceberg model.** They aimed to help people to think about the **systemic issues that are leading to the problems they are seeing.** Then where they most need to be looking for innovation and change to take place.

A summary of the main themes from the responses are shown on the following slides.



Part 2: Emerging patterns and changes

- For the second part of the activity, the group discussed what they see as emerging patterns and changes that would represent a significant shift from how we work now (i.e. Horizon 3).
- We explored the following questions:
  - *What would you like to look and feel different in the future?*
  - *What changes are emerging, that represent a complete transformation from the status quo?*
- We then came back together as a whole group to think about how people could use this information to develop scenarios and ideas for the future.

What we learnt in this activity

Summary of themes from all breakout groups

1. What problems do you see in how the health system currently operates?

These problems relate to what happens 'above the surface'. Yet these themes also run through the other layers, showing their potential to be systemic issues.

Reassertion of **bureaucratic, and hierarchical structures.**

"Too much focus on hierarchy and productivity, not enough focus on optimising the workforce/space to learn and reflect."

Lack of service user engagement in new changes that have been delivered.

"We forget the service user, develop processes without patients."

Siloed working, within teams, organisations and health and social care – despite better joined up working during the pandemic

"Doesn't work as a whole system, still working in silos."

Little focus on **reflection and learning.**

"We don't take the time to really learn so that we can bring about sustained improvements."

In innovating rapidly, **new inequalities are emerging** e.g. digital inequalities, inequity of access.

"Exclusion of some groups e.g. without Wi-Fi."

Reactive rather than proactive, with **short term planning and thinking.**

"Not enough forward planning and decisions are too slow – reactive rather than proactive. Short term planning and decisions."

Poor staff wellbeing, working at stretched capacity, exhausted, and under enormous pressure.

"Low morale and lack of proper support for health and wellbeing of staff."

2. What patterns, trends or rules are there?

"Some groups can innovate but others not encouraged or recognised."

Some people feel supported to innovate, **whilst others feel unable to.**

Some teams have been empowered to give anything a go and learn from mistakes' – others haven't.

"Everything has to be rapid and forgetting in-depth looking at things."

There are **high expectations** to work and deliver quickly. It can lead to communication being poor, things being missed, and mistakes repeated.

"Do, fail, repeat."

"Fast pace means communication is missed and things end up being missed or repeated."

"Distinct lack of clear robust processes that have been thoroughly tested."

At the beginning of the pandemic people were united on a common goal which broke down barriers. But this is started to change, with more **hierarchy**, **slower decision making and less involvement with people on the ground.**

"Command and control - not enough gathering of thought and ideas from the talent in the system."

There are issues with new processes and **fitting national guidance into local contexts**

"Still far too bureaucratic. We take forever to do anything but recent weeks and months have proved that needn't be so. We excel in complicating matters in the public sector."

"Adherence to national guidelines which don't always fit local contexts'."

"Lack of clear process or a process that is overly cumbersome and protracted."

3. What underlying structures influence these patterns?

Structures can include physical things, organisations, policies, or behaviours. They can be written or unwritten, physical or invisible. Culture, behaviour and attitudes were seen to be prominent underlying structures influencing these patterns, as well as:

Hierarchy, layers of management, and leadership, including reference to:

- Examples of **command and control**
- **Top-down** management
- **Hierarchical structures** within organisations and teams
- **Fear based/risk averse** leadership

"Command and control - done to, not engaged with."

"Top down approach and little learning from the people at the front door."

Low stakeholder engagement

- Lack of **service user input** in service changes

"Not enough co-production, working together."

"Patient experience tends to be overlooked because of other priorities."

Rapid pace of change

- The pace of change is so fast that it allows **little/no time to reflect and consolidate** on the changes being made, or share knowledge.

"There's no headroom / capacity to reflect and bring in changes."

"Constant change without evaluation first of what's really needed."

4. What assumptions, beliefs and values underpin these structures?

That certain groups hold more power and influence than others

- Beliefs and assumptions that certain people in particular **roles, professions and seniority hold the power and make decisions,** and that they are the **only ones** who are able to make changes.
- Linked to this, **hierarchy and seniority** were at the forefront of people's minds, and were seen to underpin these structures despite the emergence of bottom-up approaches during the pandemic.
- There were several mentions of the belief and assumption that a **hierarchical model** of working is the **best way to operate.**

"Certain people/professions hold the power and set priorities."

"The belief that those in positional power are the only ones who will be able to make changes."

"The more senior you are, the more you know."

"Longevity equals knowledge."

"'That a hierarchical model of working is the right/best way to operate'."

"That the people at the top of the organization feel they have all the answers which isn't always the case - more staff engagement is needed."

Looking to the future, people wanted to see…

Greater service user input in service design/changes

- People recognised the lack of engagement with service users during the pandemic and discussed the importance of bringing in these voices as services transform.

"Although patients are at the forefront of discussions – co-production isn't mentioned as much."

Continued focus on service changes, particularly video consultations

- There are high hopes for making this sustainable going forward, while acknowledging the need to be alert to introducing a new set of inequalities, with strong feelings about the need to explore different options for patient interaction.
- There is radical potential for this to unlock how services could be organised in the future (e.g. to access interpreters, to pool capacity) that could be transformational.

"Remote ways of working can flatten the hierarchy in ways we haven't had before."

"Integrated care in the true sense- patient centred and open communication between all levels of care."

More joined up working, leading to more collaboration and less fear

- People wanted to see health and social care truly collaborating, with joined up planning across the system and people volunteering to help areas outside of their normal job description

"Less risk adverse environment that allows more creative solutions."

More staff involvement to make changes happen, and less organisational hierarchy

- People wanted to keep this sense of a team approach and team autonomy that came to the forefront during the pandemic, with see less top down imposition, and more voices in the room where decisions are made.

"Staff engagement has been a key factor is what has delivered success and we absolutely need to build that in the future.'"

Section 3: Session feedback

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What went well in this workshop

At the end of the workshop we asked people for feedback, to help inform our future sessions.

- As in previous sessions, the use of **break out rooms** was popular (x15),as well as having the opportunity to have structured conversations with others in small groups (x4).
- There was positive feedback on the quality of the **facilitation** (x5) for the break out group activity.
- People enjoyed the introduction to **new theories and models** (x6), even though this was new content for some.
- Participants also valued the opportunity for individual **reflection** (x3).

"Breakout groups: opportunity for everyone to contribute in a safe space."

"Accessible content, even though it was new information."

What would make it even better?

- A number of responses said **pre-reading on the models and theories** would have been useful (x7). In addition, providing more information in our pre-event information on what we would be covering in the session may have helped people to prepare.
- We also noted that some would have liked **longer in the breakouts** (x3), as well as **more ways to interact** during the session.

"More time in breakout rooms, discussion only just getting going towards the end."

"Pre-event reading so can be aware of some of the models and tools beforehand."

Our survey says...

In a final poll, we asked all participants how they would rate the workshop as a use of their time. The results show that **94%** of participants who voted considered the workshop to be **a very good or good use of their time**.

Thank you

Share your experiences on Twitter @theQcommunity #RapidQI

Save the date for the next workshop: 16 July 2020, 13.00 – 14.30

Get in touch with feedback to QLab@health.org.uk

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