

# Accelerating Change with the NHS Change Model

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#nhschange



# Why the NHS needs a change model

- Massive change in in the NHS past 10 years – much more to come
- Massive change now required to deliver wholesale improvement and quality of services – scale and pace
- Financial constraints for the foreseeable future
- Using the best of what's gone before
- Building on our knowledge of large scale change
- Amplifying and reinforcing our ability to drive change
- Fit for new system work – across boundaries and sectors
- The call to action

## The overall aim

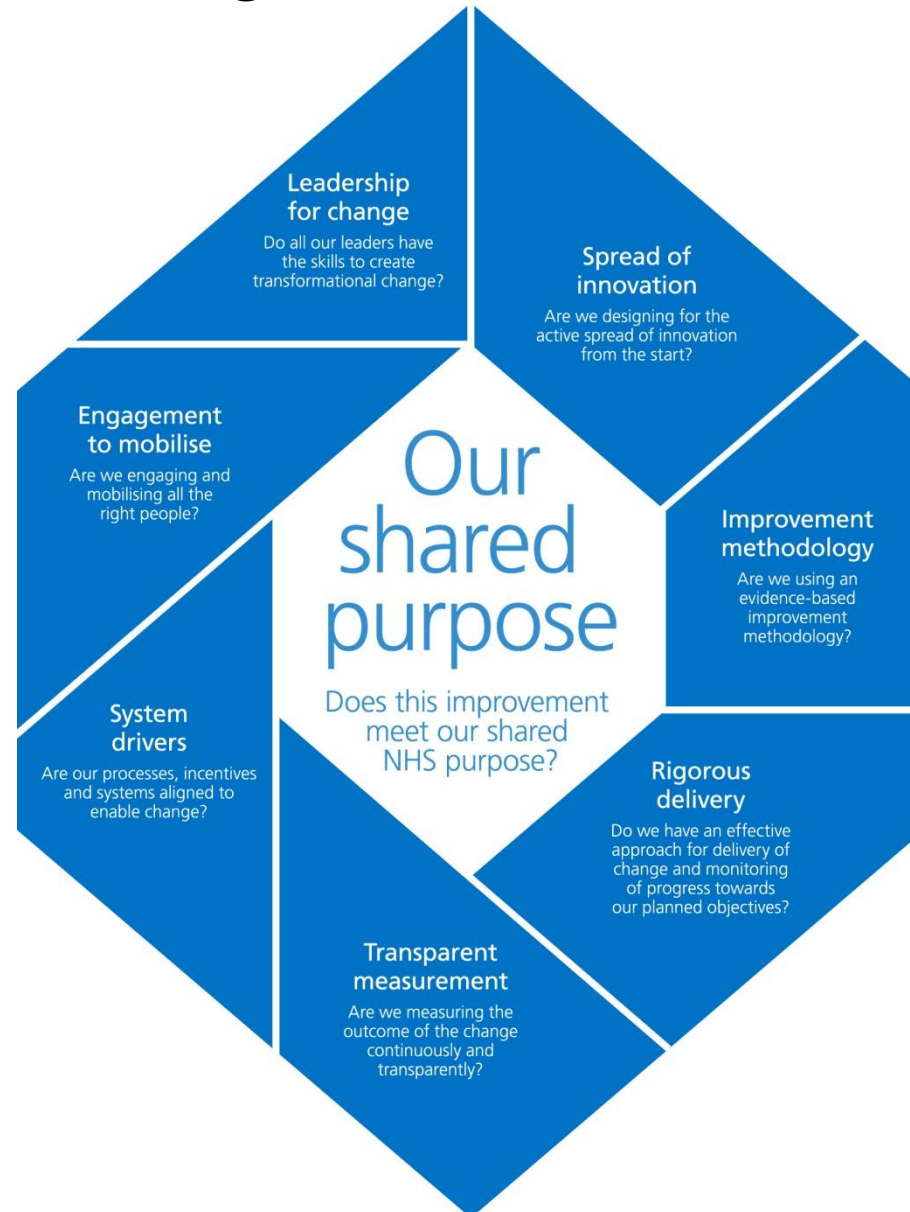
Supporting the NHS system to adopt a shared approach to leading change and transformation in order to:

- maximise the potential to deliver unprecedented improvement across the whole system
- enable the NHS to deliver QIPP at scale and pace
- create a common language of change across the NHS
- provide a useful tool for people to structure local work around
- allow better integration of change efforts
- build a coherent approach to training and development
- build on the best evidence and support rapid spread of replicable innovation

## How we developed the NHS Change Model

- Looking at best practice from across the world
- Learning from what's gone before to create a common approach
- Consulting with people in the service – using their ideas, experiences and words – c500 people
- Building on all we've learned about large scale change
- Sharing progress – descriptors and design
- Making sense at every level
- Determining the look and feel

# The NHS Change Model



## Intrinsic motivators

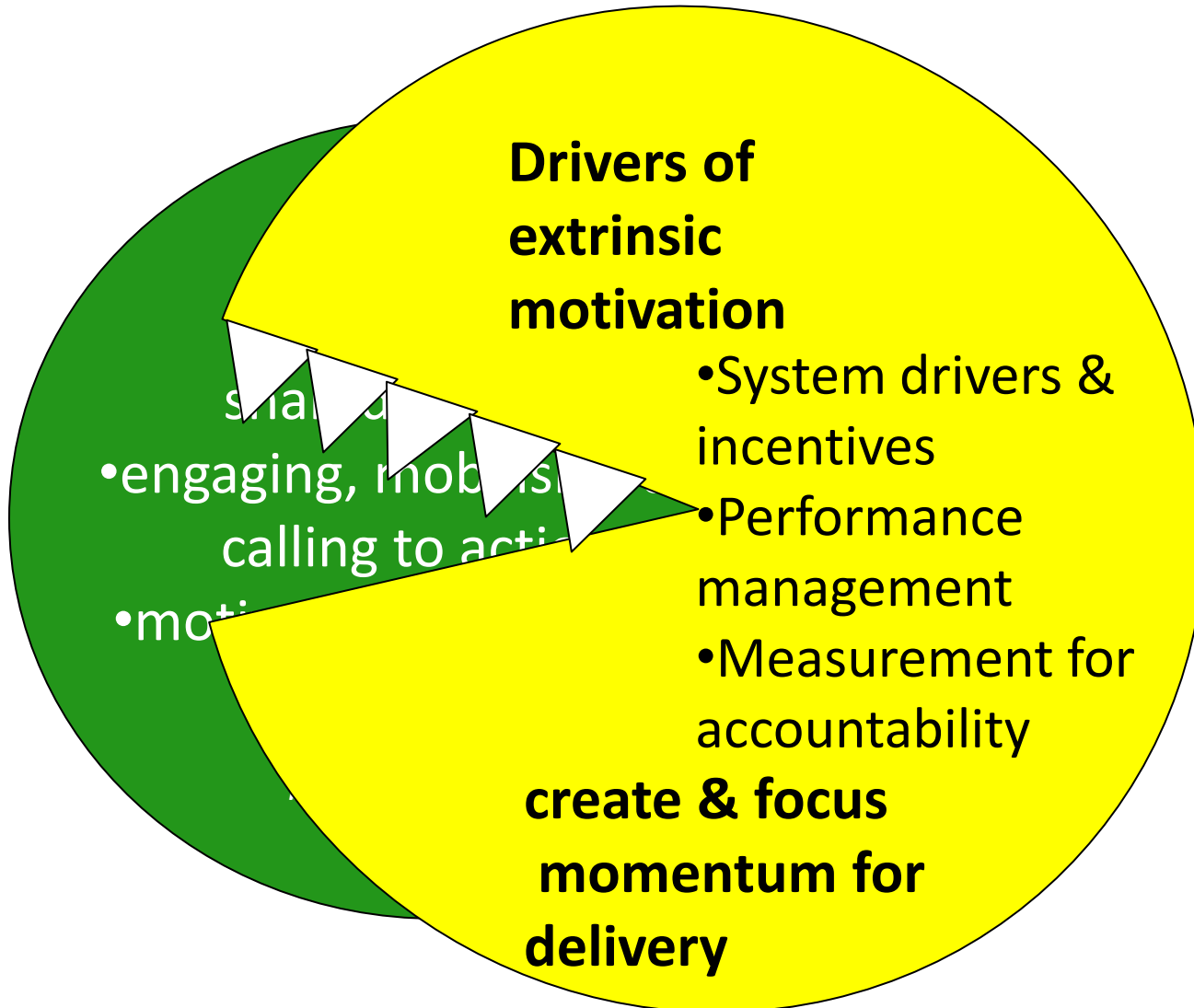
- connecting to shared purpose
- engaging, mobilising and calling to action
- motivational leadership

*build energy  
and creativity*

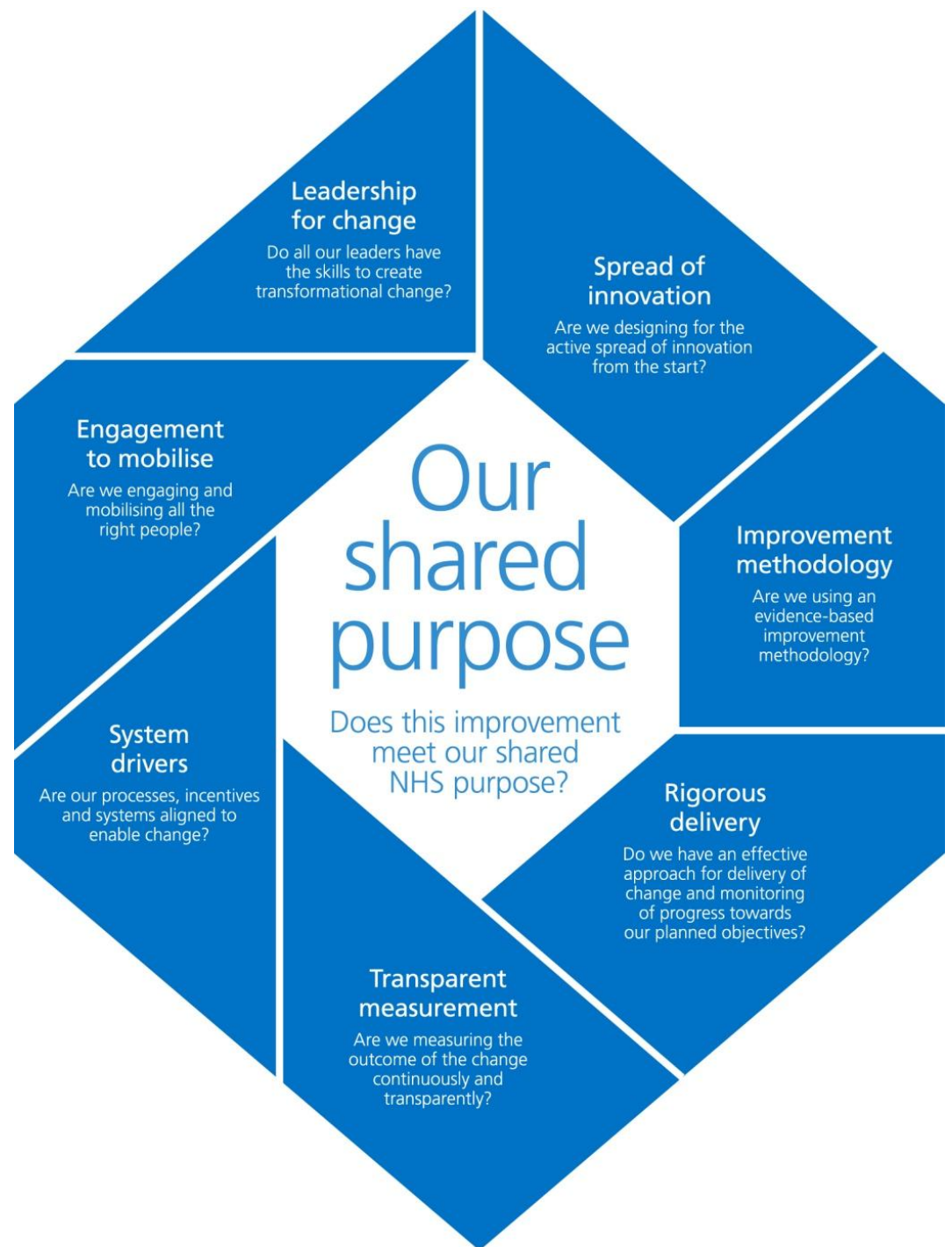
## Drivers of extrinsic motivation

- regulation
- payment & incentive systems
- performance management
- measurement for accountability

*create focus &  
momentum for  
delivery*



# The NHS Change Model aligns intrinsic and extrinsic aspects

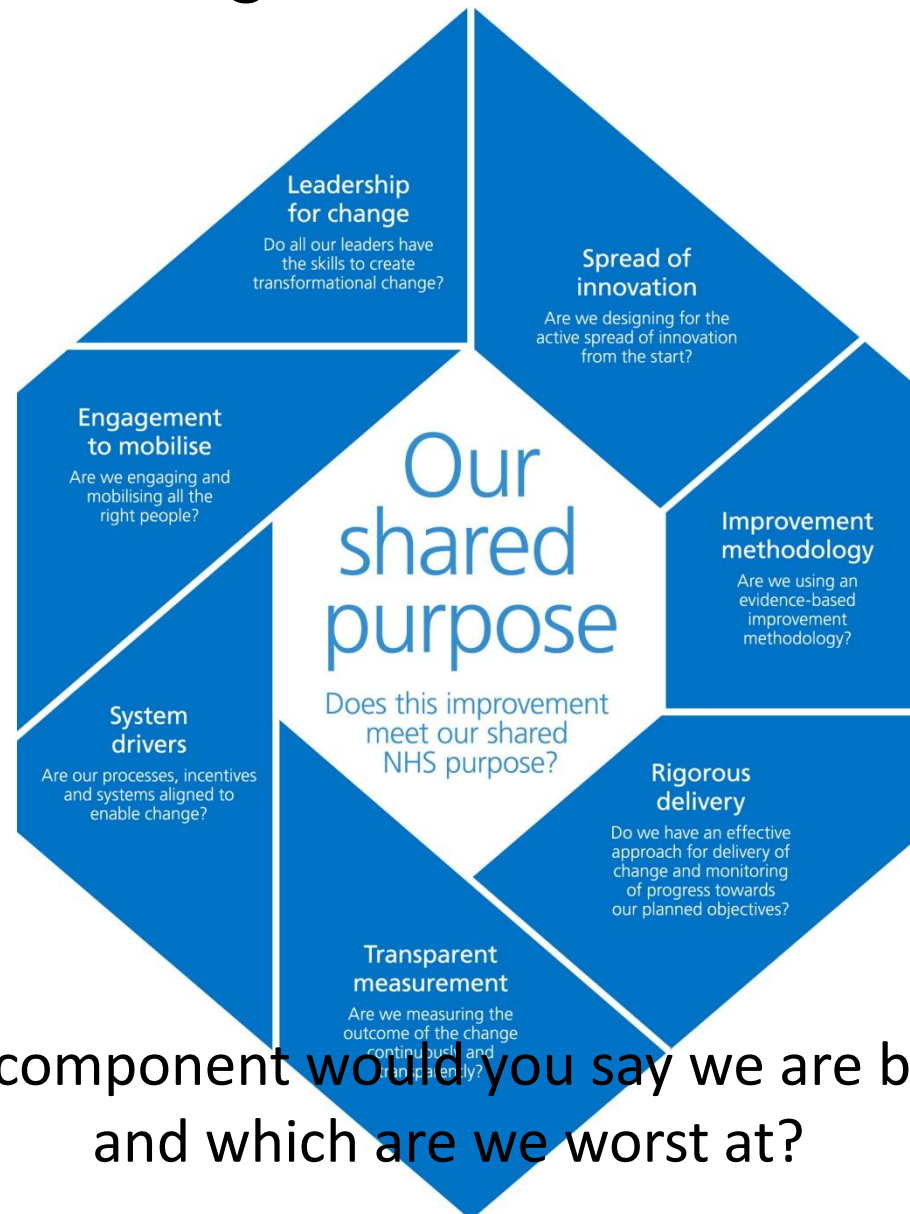




**“You can’t impose anything on anyone and expect them to be committed to it”**

Edgar Schein, Professor Emeritus MIT Sloan  
School

# The NHS Change Model



Which component would you say we are best at?  
and which are we worst at?



## Five key principles in using the NHS Change Model

1. Start with 'shared purpose' but after that there is no prescribed linear or logical order
2. It's important to use the model to check if all eight components are present but it's more important to focus on whether they are aligned
3. Use the model to build on what you are doing already
4. Don't 'sell' the change model; 'sell' the outcomes you are seeking
5. Build commitment to, not compliance with, the NHS Change Model

# Questions



Join us for our next  
Twitter Club: #NHSChange  
24 October 4 to 5pm

Webinar: 19 October 8.30am  
Leadership framework and the Change  
Model

[www.changemodel.nhs.uk](http://www.changemodel.nhs.uk)



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