Capital People

Our approach to building an inclusive healthcare system...

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The Context

Our Vision

To influence London's healthcare system so that it actively embeds inclusion and promotes the kind of culture change which helps people and organisations rediscover and express their humanity.

About Capital People

The Capital People programme brings together a range of innovative and experienced providers who want to deliver on our ambition to support leaders in the healthcare system. Even though they have different ideas and skills, they're united in their belief that an increasingly complex NHS needs a change programme which is radical. One that's transformational, rather than transactional. One that supports the quiet revolutionaries in the system: the people who can transform the way we deliver care once they have the confidence and knowhow.

Developing People, Improving Care

The national framework for action on improvement and leadership development for the NHS (Dec 2016) expresses the strategic ambition for our NHS to both recognise and respond to the need for culture change. This is a timely document acknowledging that leaders need improvement and change tools that work. As well as the behaviour and ambition to maintain an NHS, at the heart of which lie the principles of fairness, compassion, quality, dignity and human rights. The improvement framework also recognises that, to achieve continuous improvement in health care systems, health care staff must also reclaim pride and joy in their work. This means eradicating behaviours which are contradictory to compassion, inclusion and fairness.

Inclusion cannot be separated from leadership and change management interventions - it is integral to them

We are motivated to put London back on the map as a city that can make a dent in inequality and can demonstrate positive change in health care, at a time when many things are against us.

Our Theory of Change

Why does the change need to happen?

Change needs to happen to improve health outcomes by using all the talent and resources that we possess to the full. Change needs to happen, not just incrementally, or transactionally, but transformationally. According to Professor Keith Grint, 75% of change interventions fail on their own terms. A big reason for this is because we think of problems in simple ways when they are most likely to be multidimensional and infinitely complex. And when we speak about creating a fairer, representative and inclusive culture - the challenges become even more immense.

How do we change the NHS culture for the better?

Culture change is notoriously difficult, even in small organisations, never mind the largest organisation in the Western world. There are many different approaches to changing culture, so how can we know what will work best? One way is to have a theory of change which allows us to take a tailored and context appropriate approach, working critically with the heart of organisations, not just taking a 'one size fits all' solution when trying to deliver such complex outcomes.

How have we responded?

We acknowledge and take into consideration the unprecedented situation that the NHS is in. We therefore champion the importance of evaluation, continuous learning & understanding, and being co-creative & emergent. Our theory of change highlights this, and is showcased on the following page.

VISION

Influence London's Health system so that it actively embeds inclusion and promotes the kind of culture change which helps people and organisations rediscover and express their humanity

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Activities – ambitions to influence and work towards greater inclusion based on evidence of current challenges

Delivery principles – Ways of working which we strongly believe must underpin what we do if they are to change the behaviour of complex environments. They are counter-intuitive to current approaches and interventions and will improve alignment between what we believe, what we want to achieve, and how we will achieve it

Outputs – Tangible changes that we want to make, both in our thinking and action

Outcomes – These will be the lasting legacy of our work and will result in improved understanding and impact on inclusion

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OUTCOMES

- Meaningful ways of evaluating inclusion
- Understand more about the characteristics of interventions that make an impact
- Develop a pedagogy for leadership

OUTPUTS

- Metrics clearly describe and measures the behavioural and change requirements
- Improve understanding of how to 'do' change in complex and challenging environments
- Improve confidence, courage and competence of individuals

DELIVERY PRINCIPLES

- Being able to count, what we value
- Using evidence based and experimental methods
- Co-creation and emergent

ACTIVITES

- Evaluate emerging data so that we are better able to describe inclusion
- Experiment and test interventions that we believe will have an impact on the system
- Working with leaders and others in the system so that they are able to make a positive difference for staff and patients

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Evidence of inequality in the workplace between majority and minority groups, resulting in poor and unjust behaviour leading to inequality for staff and patients

Strategic Breakdown

If you don't need a detailed breakdown, and just want to know what we are up to next – then jump to page 11.

In relation to our theory of change, we have three longer term objectives to our work:

a) **To be able to identify and articulate what we mean by inclusion**:

We all think we know what we mean by inclusion but our descriptions tend to rely on quantifiable measurements which can mask the real experiences and behaviours of individuals. Numerical measures hide the complexity of a diverse London and limit individuals to 'ticking' one box, one aspect of their identity. To future proof inclusion and truly make it a beneficial aspiration, we need to find other ways of describing and measuring its benefits, as well as utilizing the traditional approaches.

b) **To understand more about what type(s) of interventions work in complex and adaptive systems that have ambitions to be fairer and more inclusive**:

Inequality is not a new challenge but our results in this area have been limited. In our NHS we are often defeated by complexity, urgency, lack of resources, but most of all a lack of understanding of what works and what can really make an impact. For these reasons, we believe that Capital People needs to use the best available evidence, combined with an experimental delivery approach which will be a better fit for the organisational climate.

c) **To develop and support leaders so that they can employ effective interventions and be rewarded for behaviour which can make a positive difference to their work on inclusion for both staff and patients:**

We know that there are people out there that want to make a difference and want to be part of the difference. They are ambitious for change. Our work needs to engage them and include their talents and skills as part of the process.

What follows is a summary of our short term objectives, designed to help us gear up to deliver our core work.

0 – 6 months (Oct 16 – March 17)

	Objectives	What we will do	Why we will do it
1	Development of Capital People faculty	Work on the skill set of delivery partners and how this meshes with strategic ambition	Ensure we have the right skills around the table & create the right development opportunities for delivery partners
2	Develop a theory of change for CP	Simplify our ambitions and long term goals for inclusion	To allows us to disseminate our theory with the confidence that it will be both applicable and understood
3	Social media strategy	Create a strategy which seeks to use this medium to engage key influencers and create fellowship	Create momentum and maximise opportunities for learning and engagement with CP
4	Engage with arm's length bodies & other stakeholders	Seek opportunities to co-create opportunities to use CP model across the system	Alignment of effort and outcome – improved results
5	Influencing strategy	Creating a clear influencing strategy using the above	Be more systematic about who we seek to influence and the expectations that we might reasonably have as a consequence of our engagement
6	Shape activities/interventions	Use the team to devise approaches to engagement and delivery across the system	Ensure we have used the talents of the faculty to explore what works and to be inventive

In the medium term (6 - 18 months), these objectives are aligned to the development and delivery of our longer term objectives.

a) To be able to identify and articulate what we mean by inclusion

	Objectives	What we will do	Why we will do it
1	Using the LEADER framework, create an evaluation process which seeks more relevant ways to evaluate outcomes in this area	Explore future states of inclusiveness and different ways of measuring value	Move beyond numerical outcomes and towards creating new measurement frameworks for organisations

b) To understand more about what type(s) of interventions work in complex organisations that have ambitions to be fairer and more inclusive

	Objectives	What we will do	Why we will do it
1	Offer 'live' support to the system	Design interventions using methods such as Communities of Practice and action learning sets, and other collaborative and dialogic methods	Recognition that we are 'walking the path together' and that individuals need opportunities to think through application and reflect upon/learn through problem identification & sharing
2	Offer opportunities for social commentary and experiences	Use Basecamp initially as a an engagement tool Publish blogs and articles that stimulate, motivate and help to create curiosity	Respond to the need to widen engagement and enhance communication Break down barriers of isolation and powerlessness
3	Prioritising Capital People offer	Identifying organisations that would benefit from more concerted work on inclusion (inclusion labs – and use WRES to identify and target interventions) Follow up with more in situ development opportunities as appropriate	Offer assistance where it is most needed
4	Engage with the wider system, private and charitable sector	Engage others to be part of a larger ambition to address inequality in London	Opportunities to collaborate, share learning and resources. Increase scale/pace of change

c) **To develop and support leaders so that they can employ effective interventions and be rewarded for behaviour which can make a positive difference to their work on inclusion for both staff and patients**

	Objectives	What we will do	Why we will do it
1	Offer leadership support to develop skills and behaviours that are in keeping with inclusive leadership	Design transformational leaders offer	Brings together good change practice + inclusion practice
		Capital Thought Leaders interventions	Embodies the concepts of dialogical interventions and widens engagement opportunities
2	Spread benefit and support on challenging topics	Create a range of support offers that respond to 'wicked' issues, e.g. - having uncomfortable conversations - recruitment and talent management - bullying - managing diverse teams	Connects more individuals with the CP programme and provides relevant support to systemic and challenging leadership issues
3	Thinking and writing group	Facilitate opportunities for individuals to share and write about their experiences and their thinking on inclusion	Stimulate debate and revised thinking on inclusion
4	Create more passionate connections to inclusion	Help to connect people who want to be positively engaged and supported to make a difference to inclusion	Help to build a social movement of individuals who are motivated to visualize and embody the change needed within our NHS
5	Offer relevant/topical support in the form of short courses	Develop and run short courses which are designed to impart relevant skills /knowledge to individuals	Offer immediate support to help to skill up and motivate individuals within the system

Longer term objectives (18 – 24 months)

	Objectives	What we will do	Why we will do it
1	Produce evaluative findings (a)	Be able to articulate ways of measuring change and inclusivity	Capture the benefits of the CP approach
2	Case studies of change (a + b)	Actively market the CP message and promote thinking and early successes	More organisations actively engaged in CP
3	Improved leadership skills and pedagogy (b + c)	Target and support leaders to engage in CP	Appropriate leaders on board
4	More connected individuals (c)	Sum of social media strategies/wider engagement strategies such as writing, publishing case studies, positive experiences of CP work /courses and social movement	Less fear in the system and more individuals connected, engaged and supported to be part of the change

Next Priorities

Considering our philosophy, theory of change, and our strategic vision, our immediate priorities are:

1) To set up **communities of practice** for diversity and inclusion

2) To organise **thinking and writing groups**

3) To start developing the diagnostic for the **inclusion labs**

4) To come up with an effective way of **evaluating** our work

5) To continue to develop and grow our online community **basecamp** (to use as a social commentary tool)

Stemming from the inclusion labs, we hope to more effectively utilise our providers' differing approaches. We will therefore be able to target the workshops more efficiently to the individuals, teams and organisations that need them. These may also be run as open workshops throughout the year. Some examples are…

1) Beyond difference – radical thinking

2) Let's talk about race

3) Appreciative enquiry skills

Other ideas, which are not prioritised:

1) Capital Thought Leaders

2) Transformational leaders programme